Abstracts OF CLINICAL LECTURES IN SURGERY.

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ON PERFORATIONS OF THE SMALL INTESTINE.

PART II.

An unnatural communication between the small intestine and the bladder is happily a rare occurrence; for the mode of dying in the case which I last related (*vide* THE LANCET of the 1st inst.) is exceptional in its painfulness. The suffering in that instance was not wholly or indeed chiefly attributable to the state of the bladder, but rather to the passage of the urine into the bowel. Both organs were inflamed: the bladder, which will endure the discharge of an abscess into it, being irritated by chyme; and the bowel being yet more inflamed than the bladder by the contact of urine.

I pass on to other consequences of perforation of the small intestine.

Extravasation of fæces, with sloughing in the groin; perforating ulcer of the jejunum.

A feeble and withered-looking man, aged sixty, was admitted into the Middlesex Hospital under my care. His pulse was very small; his tongue dry and brown, and his mind dull and oppressed. A most horrible odour surrounded him, which was found to proceed from a mass of fæces and slough in his right groin. The skin of that whole region, nearly to the trochanter major, was mortified and black. It was much raised by soft pulpy matter and air which could be felt through it; in some places there were openings in it through which solid and liquid fæces, with air, were issuing, whilst other parts were thin and prominent, and about to burst. The skin adjoining the sloughs was of a dusky-red colour.

He could give but little account of himself. He said that he had been ill six weeks, but still had thrice had impure sexual connexion in the first fortnight of that period. He had incurred no primary venereal disease, but three weeks before admission a red swelling appeared in his groin, which ten days ago turned black. An inguinal rupture had long existed on the left side, and he had worn a truss for it; but he was satisfied that no similar tumour had formed on his right side, and that throughout his illness there had been neither constipation, vomiting, nor pain in the abdomen.

After giving him some brandy I slit up all the sloughs and parts which were about to mortify, and exposed the cellular tissues of the groin infiltered with intestinal fluids. The greater portion of the disorganized textures was at once removed, and the feculent matters were scraped and syringed away. It was then found that the femoral ring was open, and that the entire discharge had taken place through it. To recognise the remains of a hernial sac was impossible; none could be distinguished.

A case so rare might be regarded as a merely curious spectacle had not questions arisen as to its nature which were of practical importance. Some who watched it, regarding a portion of the history, looked upon it as an example of sloughing bubo, which, as it penetrated more and more deeply, at length reached and opened the bowel. This opinion, however, could not be maintained, not only in the face of its extreme improbability, as deduced from the course of the severest buboes, but also in the absence of any primary syphilitic disease. Moreover, the aperture in the groin through which the fæces were observed to escape, was far too smooth, and uniform, and compact to have been produced by an indiscriminate process of sloughing. Its situation and construction alike showed it to be the femoral ring.

This last observation accordingly produced a strong conviction adverse to the former opinion, that the original disease could have been no other than a femoral hernia, in which, after an unrelieved strangulation of the prolapsed bowel, mortification had ensued, with its usual result in a neglected, but not fatal case—namely, the formation of an artificial anus. There was, indeed, little to support this conviction in the meagre account we could obtain of the man's history, for neither hernial swelling nor sign of strangulation had preceded the disease. But there was this to favour it, that the symptoms could only have originated with the bowel; and this also, that concurrently with the relation subsisting in the right side between bowel and a hernial ring, a tendency to rupture was obvious in the previous existence of that disease on the left side. In such cases it is not unfrequently found essential to a right diagnosis to disregard the history given by a patient, when it is at variance with the indications of sight and touch. And there was every inducement to do so in the present instance, except in one circumstance, which was inconsistent with the theory of a hernia—namely, that no trace of gangrenous bowel was recognised. The issue of the case explained its absence.

Brandy, ammonia, bark, and an abundance of nourishment were furnished to him, and the odour was much diminished by open windows and disinfecting fluid. After rallying a little he became again exhausted, in part apparently by the great loss of nutrient material which took place through the femoral ring. He died three days after admission.

On inspecting the body we found no trace of a hernia on the right side. The jejunum adhered inside the femoral ring by an old and firm connexion. At the adherent part there was an ulcer, which had perforated all the coats of the bowel, together with the adhesion outside it, and had opened through the ring into the groin. The bowel had manifestly never been strangulated in a hernial ring, for it retained its full calibre, and the ulcer, which was as large as a sixpenny-piece, was larger within than without. There was no ulceration at any other part of the intestine, and no sign of recent peritonitis.

Fistulous opening of the small intestine through the abdominal wall; unsuccessful operation for its closure; temporary healing after the employment of the galvanic cautery.

A well-nourished woman, aged about thirty-five years, came under my care in the summer of 1860, with a fistulous orifice at the bottom of a depression in the abdominal wall. It was situated about midway between the umbilicus and the right anterior superior spine of the ilium, and in the middle of a long scar, on each side of which were rows of marks made by hare-lip pins. The opening admitted a director, and yellow liquid fæces were continually escaping through it. I freely used the galvanic cautery in and about the fistula, and as the flow of feculent matter diminished, but did not cease, in about three months I employed it again. After five or six weeks more the orifice closed.

In fourteen months the outflow of fecal matter was renewed, but it was then very slight, and the fistula closed again without cauterizing. During the two years, 1862–63, the aperture continued perfectly closed, but in March, 1864, she returned to me upon the reappearance of a slight discharge. The quantity was so small, and the inconvenience so trivial, that the patient did not think it necessary to leave her home occupations for a renewal of the treatment.

This case was similar to the previous one in the existence of an opening from the small intestine outward through the abdominal wall. But it differed in the important particular that a much smaller proportion of the contents of the bowel escaped through the aperture. Hence, neither was the ample nutrition of the patient interrupted, nor a fatal extravasation and sloughing of the tissues produced. She is happily still alive, and I am, therefore, not in a position to explain with certainty this difference between the cases. It appears, however, to be mainly due to the situation of the adhesion on the abdominal wall. Much bending of the bowel at that spot makes the ulcer to be the direct ending of the upper part of the digestive tube, and facilitates the escape of its contents; whilst if the bowel be without flexure, the principal flow continues along its natural channel. A difference of four inches in the situation of the adhesion would suffice to produce this difference in the two cases. When bound to the femoral ring the jejunum must be dragged down and sharply bent; but near the umbilicus it is not out of its natural situation, its mesentery is not stretched, and its canal does not deviate.

The treatment of the case of the woman requires remark, on account of the difficulty of procuring and maintaining the closure of the fistulous orifice. It is not enough in these cases to unite the skin. The early plastic operation failed, and the strong contraction which followed the burn was but temporarily successful. Both failed, not from the irritating quality of the contents of the bowel, but, as it appears to me, from the continuance of internal ulceration. For unless the bowel itself cicatrize along its mucous surface, the perforation must sooner or later recur. And yet the closure of the orifice externally must, if possible, be attained, inasmuch as it is an important, if not an essential, preliminary to cicatrization within the bowel. This, unfor-

tunately, is even then not certain to be permanent, since a disposition to renewed ulceration appears to be kept up by the adhesion.

The organs with which the small intestine may communicate by ulceration are so numerous that my lecture will appear somewhat desultory. I have one other complication of these ulcers briefly to relate.

Ulcerated communication between the jejunum and vagina; supposed diarrhœa.

A woman was under my care for cancer of the higher part of the vagina. After the disease had somewhat advanced, she stated that her motions passed by the vagina, and that she had no power to retain them. This occurrence being common in cancerous disease of the vagina, nothing unusual was suspected. In a short time she complained that she was suffering from diarrhœa, and that the discharge of fecal matters by the vagina was almost constant, and caused much local irritation. Various means of arresting diarrhœa were resorted to, but all of them failed to check the flow of liquids, and she died exhausted.

The inspection of the body showed that the jejunum adhered to the posterior surface of the vagina, and that the cancerous disease had traversed the adhesion, and had, by its ulceration, made an opening from the vagina into the bowel. The liquid discharge by the vagina, therefore, which had been presumed to indicate a diarrhœa, turned out to be the natural contents of the bowel in the part which was perforated.

Introductory Address

ON THE

PATHOLOGICAL PRACTICE OF SURGERY.

IN A

SYSTEMATIC COURSE OF ORIGINAL LECTURES,

ILLUSTRATED CHIEFLY BY CASES IN THE WARDS.

Delivered at the Royal Free Hospital, October the 3rd, 1864,

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GENTLEMEN,—If I were asked what is the most professionally important study in which the medical student and practitioner can be engaged, I should answer the question by appealing to experience, rather than by any abstract consideration of preconceived and presumed relations of different branches of science to the art of medicine and surgery. Thus, I should not select anatomy, for its guidance is limited, and of far less value than advocated in the schools. Primed with descriptive anatomical knowledge, regional and systemic, the student commences practice. He then begins to feel the faithlessness of much of that knowledge he had been at such pains to acquire—by dissecting so minutely, by inspecting anatomical plates so diligently, by reading and reflection to combine into a mental realization of regional anatomy, ever capable, as he thought, of being applied. The smaller arteries and their anastomoses around joints; the almost terminal filaments of nerves; the artificial distinctions of ligaments which naturally form but one around this or that joint; the no less complicated diagramatic views of synovial membranes, with their "processes" between bones and tendons; even the minute descriptions given of the origins and insertions of muscles; and, lastly, the artificial conception of bones—as dead bones, scraped and dried, with their eminences and depressions exaggerated into an apparently practical importance which they have not in the living subject, *prepared* bones, as seen only in the dissecting room, the anatomical theatre, or museum, and never afterwards met with at the bedside or in operations;—all this, which formed a mental photograph of anatomy highly prized by the diligent student, now begins to fade away, as it fails to regulate the successful treatment of injuries and diseases, or to guide the practitioner's hand in his hour of peril. Accordingly, year after year, he mistrusts such knowledge, then ignores and necessarily forgets it, until his view of descriptive anatomy subsides into that of the prominent aspects of structure with the more obvious relations of parts, and as presented in the living body. In fact, anatomy is at length wrought by experience into surgical dimensions and shape, portable and comfortable to carry—a balance, not a burden—a clear and permanent standard of comparison, not an obscure and fleeting vision. But observe, this restriction does not extend to organic and histological, or textural anatomy, the minute knowledge of both of which is all-important to the earliest and most exact diagnosis in very many cases.

Does, however, its companion, physiology, for the most part, prove more serviceable? Like anatomy, over-taught in schools of medicine, it is indeed hard to realize; but it is also far more an artificial creation, far less itself a reality. Physiology, *human*, so called, yet chiefly the results of experiments on the lower animals, and so far inferential only, is proportionately unqualified to illumine the pathway of medicine and surgery. Experimental observations on the force of the circulation in large dogs, as shown by the hæmadynamometer, or on the functions of different portions of the brain and spinal cord in rabbits and frogs, are not likely to do much for the practitioner at the bedside of a paralysed man or woman, and not calculated to regulate the treatment of aneurism by compression. Better, far better, to candidly acknowledge the truth, that much of human physiology is an undiscovered country, and perhaps, under the circumstances of investigation, for ever undiscoverable, than that the student in medicine should be otherwise taught, and encouraged at the outset of his career to follow an ignis fatuus which charms only to mislead. In the course of practice at the bedside, he discovers the failure of this false physiology, its specious promises, and barren performances. Meanwhile, with the fallacy on his lips, the deception is propagated, and many younger minds may be, doubtless are, thus led astray from a more fertile land of promise near at hand, when he, having long since awoke from the dream of his student-days, has happily found by experience that the light which was in him was darkness.

By mature clinical experience this delusion, thus early inculcated, may be quite dispelled, and the practitioner's physiology settles down to a *clinical* view of the functions of the different parts of the body and their mutual relations—a far more sound and therefore more enduring knowledge of the laws of human life than the deceptive depths of bygone years. This practical physiology—ever ready, ever guiding,—conjoined with practical anatomy, together represents man in health, structurally and functionally, in relation to the purposes of medicine and surgery; and by constant reference to this, as his standard of comparison, the practitioner habitually detects and estimates the beginnings of disease, or the disorganization effected by injury. It is the *foundation* of rational medicine, including surgery.

He is now standing at the bedside. Disowning therefore the practical bearing of certain other branches of science, as botany and comparative anatomy, which are obviously of yet more remote consequence than human anatomy and physiology,—to approach nearer the character of the model practitioner, should I answer the question proposed by designating pathology, the pathology of man, the most important study in which he can be engaged?

Now, this pathology is a science of wide extent and significance. It is the knowledge of *disease* (including injuries); and this represents—firstly, the alterations, structural, physical, and chemical, which, singly or collectively, the different solids and fluids of the body may respectively undergo, with the situation (if localized) and extent of such changes; secondly, the external causes of these alterations, and their own *operation* as (internal) causes of other alterations, contiguous to or remote from the original disease; thirdly, the course and tendency of the morbid condition, with, possibly, its subsequent complications, to or towards a favourable or an unfavourable issue. All this, observe, not to mention the analogous consideration of mental diseases, with their grand practical distinctions of irresponsible and responsible actions. I here restrict human pathology to its *bodily* significance.

The first and part of the second of these aspects of disease are represented by pathological anatomy; the remainder, and the third aspect, exclusively, by pathology proper.

Taking them in order, which has the greater or more immediate practical importance? Assuredly not pathological anatomy *per se*, which, as mere morbid anatomy, is unmeaning, because inoperative. The operation, and the continued operation—i. e., the natural course and tendency of disease and injury—is that kind of pathological knowledge which should immediately

guide, regulate, and determine our therapeutic interference and assistance—medical, operative, or both. Pathology proper is therefore our polar star in the practice of medicine and surgery.

To avail ourselves of the guidance of this knowledge, obviously it must become foreknowledge—it must become prognostic. Even the consideration of injuries and diseases, as objects of preliminary clinical inquiry, is unmeaning, unless it point to the operation, and especially to the course and tendency, of the lesions themselves.

[Having shown at some length the impossibility, in any case, of deducing this requisite knowledge from any other knowledge we may possess of anatomy or physiology, or from pathological anatomy, and that it can only be gained by independent pathological experience—i. e., by special clinical observation,—Mr. Gant proceeded to notice the ground-plan of an entirely new classification of injuries and diseases in accordance therewith.]

Unlike the pathologico-anatomical and partly anatomical classification now prevailing in works entitled Practice of Surgery, and Practical Surgery, &c., in these Lectures the various morbid conditions to which the body is subject will be associated and arranged, by virtue of their pathological affinities, as declared by the natural courses and tendencies of the lesions themselves, so far as our knowledge in this direction at present extends.

This aspect of pathology at once suggests the guiding and regulating principle of all therapeutics, both medical and operative; and to its three indications I would now specially commend the abiding consideration of the profession.

We thus discover the *earliest occasion* for interference with the order of Nature, if any be necessary, in some cases; the *kind*, and the *least amount* of such assistance as may be needed from time to time to conduct the case to recovery. But observe, so far as the careers of diseases and injuries are naturally to, or towards recovery, such course and tendency implies the (existence) operation and resources of a self restorative power, in-born and inherent in the (human) body. Consequently whenever our interposition is needed, and whatever our aid, it can only be supplemental—co operation, not coercion, by our remedial measures and surgical proceedings. Hence, also, the threefold principle of therapeutics must turn upon the degree of operation, and the sufficiency, or otherwise, of the resources of this power; the *earliest* occasion for our interference being suggested, and the *least* amount, no less than the kind, of our assistance guided and regulated by a just appreciation of its curative efficacy.

Clinical observation, having gone thus far, shows further that the curative power of Nature is manifested more efficaciously at the *commencement* of injuries and diseases than at any subsequent period of their career, during which, indeed, complications arise, in most cases, denoting its proportionate failure;—complications by constitutional disturbances supervening, by direct extension of the disease to adjoining textures and organs, and by disorganizing results in the part originally affected;—complications by the supervention of structural alterations in parts remote from the primary disease. Take, for example, scrofulous disease of the knee-joint, limited, in the first instance, to carious softening of the cancellated portion of the articular ends of bone; subsequently extending to disintegration of the articular cartilages, with the escape of pus into the synovial capsule, and eventually disintegration and destruction of the cancellated bone itself. In the course of this disease the supervention of hectic fever, and, perchance, the formation of secondary abscesses in many joints, or other parts remote from the primary disease of the knee-joint.

Guided, then, by the teaching of the earliest clinical observation as to the career of diseases, it follows that the *earliest* (and *most exact*) prognosis or foreknowledge thereof, is absolutely necessary to secure the most advantageous co-operation with the restorative power—i. e., *before* the supervention of any unfavourable condition, which, announcing that its curative efficacy is failing, would then probably frustrate the aid of remedial measures, whether medical, operative, or both, as the case may be. Should any complication have *already* arisen, or should any be present at the very commencement of a case, as in that of a compound comminuted fracture of the tibia and fibula, accompanied probably with considerable laceration of the muscles, and possibly of either tibial artery, by similar prognosis or foreknowledge thereof we gain the opportunity for having recourse to adequate remedial measures before the supervention of *worse* complications.

In the more rare cases, where the restorative power is itself *alone* sufficient from first to last, such foreknowledge of this self-sufficiency is still necessary, in order to *withhold* any interference which would, or might, divert the natural course of the morbid condition to recovery. We have at least an approach to non-interference suggested by the natural or normal course and tendency of certain fevers—e. g., measles, scarlatina, and other eruptive fevers, all of which are apparently so many manifestations of the effort of Nature to eliminate various blood-poisons. In these and similar cases the purpose of rational medicine is fulfilled by interference only when some "complication" arises by which remedial assistance then becomes requisite "to avert the tendency to death."

To sum up: thus far, therapeutics, and in some few cases, total non-interference with the order of Nature, is suggested by the earliest and most exact prognosis—itself acquired by similar clinical observation—respecting the natural career of diseases and injuries individually to or towards recovery. By virtue of this pathological knowledge of any morbid condition, whenever its course is foreknown to issue in recovery, in such case *any* interference with the order of Nature is accordingly withheld. In all other cases assistance is solicited, the *earliest occasion* being determined by the first requirement on behalf of the restorative power, to remove any unfavourable condition, if present; the favourable course that the disease or injury will *then* take showing the *kind* of assistance required, while its tendency towards recovery measures the *least amount* necessary; and so on, from time to time, to conduct the case to a happy issue. Such, then, are the indications of treatment peculiar to the fundamental principle of therapeutics, drawn from pathology. The varied expression of these indications will be found to constitute rules of practice, of analogous character, in every branch of medicine and surgery.

Hence an original *system* of therapeutics, medical and operative—a system which presents a continued illustration of one and the same fundamental principle—the guidance and regulation of our treatment always by considering the natural course and tendency of diseases and injuries. This being that pathological knowledge which is most directly important to us as practitioners, and which to be available must become prognostic—the more early and exact the more competent for the purposes of our treatment,—the application of such foreknowledge will form the most conspicuous feature in these Lectures.

Bearing in mind the *terms* of that cardinal principle of therapeutics which I have introduced to you, I would now invite your attention to what is denominated "conservative" surgery. Whence this distinctive title?—and what its signification *hitherto?*

Both these questions are clearly and definitely answered by Mr. Fergusson. In his lectures this year before the Royal College of Surgeons, he claims, and I believe justly, to have first introduced the term "conservative" into surgical nomenclature. He did so in a paper "On Resection of Bone, with Cases of Resection of the Radius, of the Ulna, and of the Elbow joint," which was published in January, 1852. But, at the same time, Mr. Fergusson distinctly disavowed *any* originality in relation to the principle of practice he thus designated; that, in fact, "conservative surgery has been carried to a high pitch in modern times," as is there instanced more particularly by the practice of Sir B. Brodie in 1827—just twenty-five years prior to Mr. Fergusson's communication. So that, respecting the object of the present paper (1852), "it is," he adds, "not so much to offer anything new to the profession, as to draw attention to subjects which are in many respects familiar, but not justly appreciated by the mass of those who practise surgery, even in the present day."

Having made this due acknowledgment of the prevalent practice of conservative surgery, its guiding principle is thus defined (in small capitals):—"The preservation of the GREATEST portion of the body at the smallest possible sacrifice;" which is then illustrated by the operation of "excision" of (certain) bones and of a joint as contrasted with that of "amputation." Up to the present year Mr. Fergusson still adheres to this definition. He re-expressed it in his lectures referred to (No. 2); and it is still the prevalent view of conservative surgery. Preservative of the integrity of the body, by the removal of only the diseased (or injured?) portion, as contrasted with the removal of, possibly far, more by amputation. The same principle may be extended, and is applied in those lectures, to preservation of the skin over a tumour in its removal rather than the excision of one with the other. Here, excision itself is limited by the guidance of conservatism in the practice of surgery. And, I may add, all operations of removal, whether by excision, amputation, or any other mode, thus become more restricted in *extent*, approaching, therefore, in character the other great class of operations and manipulations—the repara-

tive; those designed to bring about the repair of any part whose mechanism has been damaged by injury or disease, or is congenitally defective, the aim of both these primary classes of surgical operations being preservative of the integrity of the body.

But, gentlemen, such is the purpose and end in view of all *true* surgery, whether designated conservative or simply surgery. There is, then, nothing new or peculiar about "conservative" surgery, in its present sense—preservative. A new term, without a new idea of any kind attached thereto, it is a barren fallacy, or calculated only to mislead by implying a new kind of surgery, without really directing our practice from any original point of view. Then, again, conservative surgery, as hitherto understood, has reference only to operations. Advancing a step further in this direction, to obviate the necessity for any operative assistance—e. g., the preservation of a joint without excision, is "conservative" surgery equivalent to "the medical treatment of surgical disease?" another more recent definition which I have somewhere read.

This medical aspect of surgery, as a principle—if anything so ambiguous be worthy of such designation,—goes no further, in effect, than that advanced on the part of operative surgery. It equally relapses into the obvious purpose of therapeutics—the preservation of the integrity of the body; if possible, by medicinal measures, rather than by any operation, however little mutilation one may imply as compared with another operation. But while we admit the necessity and admire the wisdom of reforming the body politic to yet higher states of efficiency, the human body—endowed with the power of growth, development, and restoration—is self-productive and self-protective; wherefore we need not interfere with its organization otherwise than so far only as our assistance is solicited by the shortcomings of its own operations and the failure of its own resources. You will not fail to mark how the subjection and adaptation of all therapeutics—in time, kind, and degree—to the operation and requirements of this self-restorative power (of Nature) confer a truly conservative character on the practice alike of medicine and surgery; and, by ever referring us, as medical practitioners of whatever denomination, to clinical observation of the natural courses and tendencies of injuries and diseases, rule our art from the sure and commanding ground of pathology. To this end, diagnosis and etiological knowledge, each of the earliest and most exact character, are obviously subservient; and to more nearly realise this standard in both these preliminary clinical inquiries will be an additional and scarcely less conspicuous feature in these Lectures. It will develop the resources of pathological anatomy at the bedside—"clinical pathological anatomy," as I have named this science, thus applied during life.

CONTRIBUTIONS
TO THE
ETIOLOGY, PATHOLOGY, AND TREATMENT OF SCARLET FEVER.

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No. III.

Laws regulating action of poison, continued. 5. *Infecting power in reference to the stage and severity of the disease.* 6. *Immunity from second attacks.* 7. *Destructibility of poison by heat.—Origin of scarlatina poison considered. Occurrence of scarlet fever in the lower animals. Nature and mode of action of poison.*

5. *Infecting power in reference to the stage and severity of the disease.*—There is no conclusive evidence to show that the disease is more infectious at one stage than at another. The common impression that it is most infectious at the commencement of desquamation is probably correct; but the infecting power is not limited to this stage, as some writers have imagined. Potier relates how an infant contracted scarlet fever from its mother, although isolated from her the moment the rash appeared on her skin;* and several instances have come under my own notice in which the disease propagated itself during the stage of eruption. The power of infection probably lasts until the process of desquamation has ceased, and thus its duration may vary greatly in different cases, and may occasionally be prolonged to several weeks after apparent recovery.

Some authors are of opinion that death at once destroys the capability of propagating the disease; but several occurrences, although not constituting crucial evidence in the matter, have led me to suspect that the power is retained for some time after death; and in practice I have invariably acted on this supposition. If any practitioners throughout the country are in possession of facts bearing on this question, they would be doing good service by making them public.

No point is better established than this, that there exists no relation between the severity of the disease in the recipient and that in the individual from whom the poison is derived. The common observation, that all the members of one family have the disease of a malignant type, while in another the malady assumes its mildest form, is due to constitutional peculiarities. No one can have had much experience in scarlet fever and have failed to notice that the most malignant form is often contracted from cases of the mildest description, and *vice versâ*.

There is also no proof that there exists any ratio between the severity of the disease and the infecting power. The mildest cases appear as capable of propagating the disease as the most severe. From this fact a most important consideration arises in reference to the propagation of scarlet fever. It is well known that adults exposed to the poison of scarlet fever, whether protected by previous attacks of the disease or not, are liable to suffer from sore-throat, with or without fever, but with no eruption, from time to time, on the occasions of such exposure. It is less generally known, however, although in my opinion no less true, that persons suffering from this sore-throat are capable of imparting scarlet fever, in its most virulent form, to unprotected children. Several observations of a most unmistakeable nature have led me to this opinion, which, if true, obviously demands serious attention.

6. *Immunity from second attacks.*—As a rule, one attack of scarlet fever exhausts the susceptibility of the same individual to any further action of the poison. Willan many years since stated that out of 2000 cases of scarlet fever he never met with a single instance of a second attack; and this statement coincides in the main with general experience, although it certainly exaggerates the protective power of a first attack.

The rule, in fact, is far from being without exceptions. It is not long since, in private practice, I met with three well-authenticated instances of the recurrence of scarlatina in the same individual. One patient was a young gentleman, aged eighteen, who had one of the most severe attacks of malignant scarlet fever that I have ever known terminate favourably. The rash was abundant, the tonsils deeply ulcerated, the delirium incessant, and there was a copious glairy discharge from the nostrils. Ten years before he had a severe attack of scarlet fever, at the same time as his brothers and sisters. The first attack was pronounced to be scarlet fever by Dr. Ramsbotham and another practitioner of great intelligence, and was characterized by an abundant red rash, extensive ulceration of the tonsils, and a glairy discharge from the throat and nose. The two other cases occurred in one family. Four children in one family were seized with scarlet fever. The two eldest, aged five and seven, had malignant scarlet fever, and both died. The other children had the disease in a mild form, and recovered. Dr. Barker, of Holloway, whom I met in consultation, informed me that the two eldest children were attended by him for scarlet fever a year before, the rash and throat affection leaving no doubt in his mind as to the nature of the attacks.

Numerous instances of a second attack of scarlet fever have been reported by Bateman, Rayer, Blackburne,* Noirot,† Tweedie, Gillespie,‡ and Richardson.§ Of forty-five cases of the disease collected from different authors by Noirot, five were said to have had a previous attack. Rilliet and Barthez mention the case of a child, in the Children's Hospital at Paris, who contracted a second attack of scarlet fever, twenty-four days after the first.‖ Dr. J. D. Gillespie records eleven cases of a second attack of scarlet fever as occurring in Donaldson's Hospital in 1862, but in most of them the rash was present in only one of the attacks. Berton records a remarkable case, where a young man had two attacks of scarlet fever at an in-

* Noirot: Histoire de la Scarlatine, p. 63.

* Facts and Obs. on Scarlet Fever, 1803.
† Noirot, Hist. de la Scarl., p. 69.
‡ Edinb. Monthly Jour. of Med. Science, March, 1853, p. 219.
§ Richardson's Asclepiad, p. 72.
‖ Malad. des Enf., 1843, ii., 639.

terval of four years. On the first occasion the rash was mainly confined to the lower part of the body, and on the second to the upper.* Instances of even a third attack have been reported. A case of this sort is mentioned by Dr. Binns.† Sir Gilbert Blane met with an instance of the disease occurring thrice in a young lady, "without the least suspicion of ambiguity or possibility of mistake."‡ Dr. Richardson also relates how he has suffered from the disease in his own person on three different occasions. It is possible that some of the alleged cases of recurrent scarlet fever have been examples of other eruptive diseases, but with regard to many of them no doubt can exist.

The above remarks have reference mostly to a recurrence of scarlet fever, with the characteristic eruption in both attacks. But there is good reason for believing that the system may be infected with, and may again propagate, the poison of scarlet fever, without any eruption appearing on the skin. Viewing the matter in this light, a recurrence of scarlatina infection is far from uncommon. It is well known that when adults, who have passed through scarlet fever years before, are again brought in close contact with the disease, they are apt to suffer from sore-throat, with little or no fever, and without any rash. I have repeatedly found that when one or two children in a house have had scarlatina, every adult inhabitant has suffered from bad sore-throat. Now this sore-throat is merely scarlet fever in a modified form—the *scarlatina faucium* or *scarlatina latens* of some authors, and it is probable that persons so affected can propagate the most malignant varieties of the disease. It is very doubtful, however, if these attacks confer any great immunity from subsequent attacks of a similar nature, or of ordinary scarlatina. Many medical practitioners are very apt to have repeated attacks of *scarlatina faucium*, and in the course of practice I have met with several instances answering more or less to the following description:—Scarlet fever breaks out in a large family. Some of the children are attacked with the disease in a typical form; others suffer merely from slight sore-throat; while a third class present no symptoms of the disease whatever. Those belonging to the third class are at once isolated, and escape entirely, while they who suffer merely from sore-throat are allowed to communicate freely with those who have the eruption and other symptoms well developed, on the supposition that they are protected. The result is, that one of the children who at first suffered only from sore-throat, with slight fever, contracts typical scarlet fever and possibly dies. Cases of this sort have evidently been observed by other writers.§ They are, in my opinion, far from uncommon, and the doctrine which they inculcate has obviously bearings on practice of extreme importance.

7. *Destructibility of the poison by heat.*—The experiments of Dr. W. Henry‖ go far to show that the poison of scarlet fever, like that of typhus, is destroyed by a dry heat. Dr. Henry mentions four instances where flannel waistcoats were taken from scarlatina patients, and, after exposure to a dry heat of 200° to 206° Fahr., were worn for several hours by children of the respective ages of six, ten, twelve, and thirteen, who never had had the disease before. Notwithstanding the readiness with which the poison of scarlet fever is propagated by means of clothes, no result followed in any instance. It was supposed that the poison in these cases was destroyed, and not merely dissipated, by the heat. Thus it was found that the volatile portion of vaccine matter was dissipated at a temperature below 120° Fahr., but that it required a temperature of 140° to destroy the activity of the virus. Henry's experiments have never been repeated; but for the last thirty years the principle which he advocated has been acted on, and apparently with satisfactory results, as a general impression exists in favour of dry heat as a disinfecting agent in scarlet fever. An apparatus for subjecting clothes &c. to the disinfecting power of dry heat is now in constant operation at the London Fever Hospital.

Spontaneous origin of scarlatina poison.—In the great majority of cases, if not in all, the virus of scarlatina is derived from persons already suffering from the disease, either directly or mediately by fomites. When we consider what a prevalent disease scarlet fever is, and the facility with which its poison can be transmitted to a distance by fomites, or retained in them for a lengthened period without losing its activity, it is evident that the difficulty of demonstrating its independent origin, if this were possible, and of excluding all sources of fallacy, would almost amount to an impossibility. It is certain, however, that at one time the poison of scarlet fever must have had a local origin independent of a previously infected person; and there seems no reason why such an origin should not occur at the present day as well as at a former period of the world's history. Still it must be confessed that as yet we know nothing of the conditions necessary for the production of the scarlet fever poison. Few will credit the statements of certain writers who refer the origin of the specific virus of scarlet fever to great heat and moisture of the atmosphere, a marshy character of the soil, gastro-intestinal derangement, suppression of the transpiration, or to bathing in cold water. Many writers in the early part of this century quote an instance recorded by Thomassen a Thenssink, where a boy is said to have been seized with scarlet fever in consequence of bathing in a river during winter, and to have communicated the disease to other members of his family.* Dr. Gregory also relates the case of a young man in whom a rash, exactly like that of scarlet fever, appeared after bathing in the Serpentine when overheated.† These observations, from their similarity, are worth mentioning; but if the disease was genuine scarlet fever, it is scarcely credible that the cold bathing was the essential cause.

The liability of puerperal women to scarlet fever is well known; and surgeons, it appears, are familiar with a febrile condition, attended by a rash closely resembling if not identical with that of scarlet fever, which is liable to follow surgical operations. This fact was clearly elicited in a discussion which took place at the Pathological Society during last session, and has more recently been insisted on by Mr. Paget and Dr. Wilks. It is worthy of remark that these attacks have been met with when there has been no suspicion of exposure to the scarlet-fever poison. Several cases answering to the above description occurred in rapid succession in the London Hospital, from which cases of scarlet fever are rigidly excluded. Dr. Gregory also often saw "true scarlatinal eruption occurring in the progress of the secondary fever of small pox, without any ground for believing that contagion had operated." He added: "It seems as if secondary fever can develop this eruption in the same way as it throws out erysipelas." Mr. George May has recorded an instance of scarlet rash with febrile symptoms supervening on a scalp wound, and followed by complete desquamation of the skin and enlargement of the glands in the neck: there was no instance of scarlet fever at the time in the house or village where this case occurred. Medical practitioners would be doing good service in making public any evidence on this matter which they may possess, noting particularly the characters of the eruption, the pulse, the condition of the throat, the occurrence of desquamation, albuminuria and glandular swellings, and whether the patient had been exposed to the poison of scarlet fever, or if he communicated the disease to others. It is not impossible that an investigation of these cases may throw some light on the etiology of scarlet fever.

The origin of the poison of scarlet fever is certainly independent of any defect in the sanitary arrangement of our dwellings hitherto discovered. It has never been known to be the product of overcrowding, deficient ventilation, bad drainage, or the contamination of drinking-water.

It must be admitted, then, that the mode of origin of the poison of scarlet fever is still unknown; but there is some probability in the view, which has had many able advocates, that the virus originated with horses or cattle, and was by them communicated to man.‡

Scarlet fever in the lower animals.—It is well known that the lower animals are liable to most, if not all, of the infectious and miasmatic diseases which affect man. The occurrence of scarlet fever in dogs, cats, horses, swine, and other animals, is attested by many excellent observers. Many years ago, Heim, of Berlin, reported a case where a dog, after lying in a bed occupied by an infant suffering from scarlet fever, was seized with febrile symptoms, followed by marked desquamation of the skin. Most inoculated three dogs with the fluid taken from the vesicles of scarlet fever. The inoculation was made on the abdomen, where the skin was thin, and not furnished with much hair. At the end of eight days a scarlet eruption appeared on one of the dogs, in patches the size of the hand. This eruption was followed by universal desquamation, and a falling off of the hairs here and there. No difficulty in swallowing was observed.§ In the Memoirs of the Medical Society of St. Petersburg, the case is recorded of a cat which pre-

* Lancette Française, iv., 1842.
† R. Williams on Morbid Poisons, i., 120.
‡ Med. and Chir. Trans., 1812, iii., 445.
§ See Withering on Scarlet Fever, 1779, p. 54; and Gillespie, Edinburgh Medical Journal, March, 1853, p. 222.
‖ Experiments on the Disinfecting Powers of increased Temperatures. Philos. Mag., vols. x. and xi., 1831.

* Noirot: Op. cit., p. 52.
† Gregory: Op. cit., p. 145.
‡ Gregory, op. cit., p. 143. Copland's Med. Dict., iii., 669.
§ Most, op. cit., ii., 271.

sented both the characteristic eruption and the throat affection of scarlet fever.* A disease corresponding in every respect to scarlet fever is far from uncommon in the horse. It is characterized by fever, a bright scarlet eruption on the Schneiderian membrane and the lining membrane of the month, sore-throat, discharge from the nostrils, and enlargement of the parotid glands; and it is followed by loss of hair, and occasionally by dropsy. Numerous references to this disease exist in the journals of veterinary medicine.† About a year ago Dr. Letheby reported on the frequent occurrence of scarlet fever among pigs in the city of London. In a letter with which he has favoured me on the subject he says: "My attention was directed to it by the remarkable appearance of the skin of the dead animals seized in the city markets; and on inquiry I found that the pigs were attacked very suddenly. They could not eat, as if the throat were bad, and they became very feverish. The skin acquired an intense red colour—deeper than the red shell of a boiled lobster; and the animals died comatose in a few days, and sometimes in a few hours, after the attack. I found the kidneys congested; the urine albuminous; and once or twice I observed petechial markings on the valves of the heart. I regarded the disease as a malignant form of scarlet fever."

It would not be difficult to multiply facts like those now referred to; so that there can be little doubt that scarlet fever, like small-pox, attacks the lower animals as well as man. Indeed it is not impossible, as already suggested, that man may have derived the disease in the first instance from the brute creation; and at all events it is reasonable to hope that researches in the direction now indicated may lead to a discovery productive of as great benefits to the human race as that of vaccination.

Nature and mode of action of the poison of scarlet fever.—It has been shown that the poison of scarlet fever, which is eliminated by the skin and by the various mucous surfaces of infected persons, is not readily transmitted through the atmosphere, but that it is very prone to be retained and propagated by fomites, and that it is remarkable for its indestructibility. These considerations indicate that it is of a solid nature, rather than gaseous. The fact that in scarlet fever and allied diseases the poison is multiplied in the human frame has naturally led to the common belief that it is of a fungoid character. But no observation demonstrative of this theory has ever been made, either in scarlatina or in any similar disease; and there are several weighty arguments opposed to it. The highest powers of the microscope fail to reveal anything approaching to a fungoid character in the matter taken from the variolous pustule or from the vaccine or scarlatinal vesicle, and yet these fluids contain the respective viruses of the three diseases. The greatest of modern chemists makes the following remarks:—"But if we inquire what are the results of investigation, or of the search after such causes [parasitic animals and fungi] in other contagious diseases, we find that in the contagion of small-pox, of plague, of syphilis, of scarlet fever, of measles, of typhus, of yellow fever, of hospital gangrene, and of hydrophobia, the most conscientious observation has not been able to discover animals, or any kind of organized beings, to which the propagation of the disease can be ascribed. ..... It is possible that, in one contagious disease or another, further research may show that they belong to the class of diseases caused by parasites; but so long as this is not proved, they must, by the rules of scientific investigation, be excluded from that class. .....whatever be the external resemblance between them."‡ The multiplication of the poison in the interior of the body has been aptly likened to a process of fermentation, or zymosis, as it is called; but, notwithstanding the statements of M. Pasteur, it is doubtful if fermentation out of the body be necessarily associated with the development of fungoid sporules. The entire theory of fungoid zymosis, on which rests the doctrine of the impossibility of the independent generation of self-propagating diseases, is a pure hypothesis, unsupported by a single fact which is not amenable to another explanation. All evidence, in my opinion, goes to prove that the so called process of zymosis in infectious diseases is purely chemical in its nature, and is as independent of the reproduction of vital germs as are many of the processes of ordinary fermentation external to the body. The poisons of scarlet fever and of similar diseases, on entering the body, act as ferments, and excite chemical decompositions and transformations in the blood,§ which are only arrested when the fermentable matter is exhausted. One of the products of this fermentation is a poison similar to the original ferment,* which is eliminated from the system with the various secretions. The precise nature and composition of the poison in each individual disease are a mystery, and will probably for ever remain so. Dr. Richardson has suggested that the poison of scarlet fever is an acid having the physiological properties of lactic acid; but this view merely rests on the curious connexion occasionally observed between scarlet fever and acute rheumatism.

I have elsewhere endeavoured to show that many of the symptoms in continued and other fevers are not due, as is commonly thought, to the action of the fever poison, which is the first and necessary link in the pathological chain, but to the accumulation in the blood of the products of tissue metamorphosis, and to the perverted nutrition of the brain and other organs; and that thus it is that the symptoms in the advanced stages of many fevers are closely assimilated, although the primary poisons have been perfectly distinct.

Wimpole-street, 1864.

* Noirot, op. cit., p. 75.

† See "The Veterinarian," 1824, xii., 532; 1835, viii., 78; 1845, xviii., 28; 1850, xxiii., 565; 1859, xxxii. 254. Also "Edin. Vet. Review," 1859, i., 131.

‡ Liebig's Letters on Chemistry, No. xix.

§ "All organic substances become exciters of fermentation as soon as they pass into a state of decomposition: the changing condition, once imparted, propagates itself in every organic atom which is not itself, by its own inherent energy, capable of annihilating the imparted motion by presenting an adequate resistance."—Liebig's Letters, No. xvi.

* "Are there facts which prove that certain states of transformation or putrefaction in a substance are likewise propagated to parts or constituents of the living animal body; that by contact with the putrescent matter, the same or a similar condition is produced on such parts, as that in which the particles of the putrescent body are? This question must be answered decidedly in the affirmative."—Liebig's Letters, No. xviii.

SYMPATHETIC OPHTHALMIA:

ITS NATURE AND TREATMENT.

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Of all the different forms of inflammation of the eye there is not one over which the surgeon has so little control as sympathetic inflammation. It is the most insidious in its attack, destructive in its progress, and its results are the most irreparable. It almost defies treatment, and when once established often runs its course unchecked to the complete destruction of the eye as an organ of vision.

The primary cause of sympathetic inflammation is the peculiar relationship the nervous system of the two eyes bear to one another. The mutual sympathy which exists between the two in health becomes more manifested in disease. Light admitted to one eye will cause the pupil of the other to contract, even though it is shaded, and the pupil of a blind eye will often dilate and contract in unison with that of the sound one when the light is shut off or thrown on. It is a fact of practical importance, that when it is desirable to limit the amount of light to an injured or a diseased eye, both must be shaded, as the affected one will appreciate and resent the stimulus admitted to the sound eye almost as much as if it were itself exposed. This inflammation differs from all other inflammations of the eye—1st, in the cause of its origin; 2nd, in its nature, and the way in which it invades the tissues of the eye.

Causes.—In all cases the cause of this disease is irritation in one eye. This gives rise to a sympathetic action in the other, which will vary from a slight irritability to an acute inflammation, which will only terminate in the complete destruction of the eye. Sympathetic inflammation may arise—1st, from an injury inflicted to one eye; 2nd, from the irritation dependent on abnormal changes taking place within an eye already lost.

1st. *From injury inflicted to one eye.*—The most common cause of this affection is undoubtedly an injury to one eye, but the situation and class of wound influence very materially the chance of this sympathetic action being started in the other.

Wounds in the ciliary region, or that part which extends for about one-eighth of an inch or more backwards from around the cornea, a space in which the ciliary muscle and ciliary processes lie, are peculiarly liable to produce sympathetic irritation in the sound eye.

A simple wound of the cornea, even though it be of considerable extent, provided none of the deeper tissues are implicated, will generally speedily heal, and beyond the impairment of vision caused by the scar, no further evil will probably follow; but if the cut be extended beyond the cornea into the ciliary region the danger is immensely increased, not only to the eye itself, but in the risk to which the other is exposed of taking upon itself a sympathetic action.

Wounds of the cornea, accompanied with large prolapse of the iris, are prone to excite irritation in the other eye, and especially if the patient is a young child. This danger is increased if the cut is near the margin of the cornea, and the prolapse is large and pulls upon the ciliary processes.

The nature of the injury is of great importance in its influence on the other eye.

Contused wounds, caused by blows on the eye, producing rupture of the globe, are very dangerous. In such the rent or split usually occurs in the ciliary region, just behind the cornea, horizontally or parallel with its margin.

Penetrating wounds with semi-blunt instruments, such as the points of a pair of scissors, a steel-pen, or a crotchet-hook, especially if inflicted in the ciliary region, are peculiarly liable to give rise to sympathetic irritation of the other eye. Foreign bodies, such as fine spicula of iron, chips of stone, or small fragments of gun-caps which have flown off from the explosion of the detonating material within, often penetrate the eye, and, if not removed, commonly produce the most disastrous results. The eye may either be rapidly destroyed by the acute inflammation which follows, and the sound eye sympathizing may be also lost; or it may recover partially from the first acute symptoms occasioned by the injury, and subside into a chronic inflammatory state, which slowly, but surely, destroys the eye, and often imperceptibly involves the other in a subacute sympathetic iritis, which ends only in complete or almost total loss of vision.

The age of the patient also bears a remarkable influence on this disease. The young are much more prone to it than the old, and it runs its course more rapidly in the child or the young adult than it does in the middle-aged or the old. This might be reasonably anticipated; for the excitable nervous energy and quick circulation of the young predispose them to all diseases which depend on irritation of any portion of the nervous system.

2nd. *Sympathetic inflammation dependent on abnormal changes taking place in an eye already lost.*—Eyes which either from injury or disease have ceased to be organs of vision usually undergo a slow process of disorganization. The original tissues gradually waste, become altered in texture, and new products are often formed. These changes are, as a rule, very slow. There may be no evidence of their having even commenced until many years after the eye has been lost. I believe, however, when an eye has ceased to see, on account of changes induced by a destructive inflammation, no matter how it has been brought about, that atrophy and waste of the remaining tissues speedily follow, though it may require years to effect a complete disorganization or change of structure. The exception to this, I think, is in eyes which have been lost from perforation of the cornea in purulent ophthalmia, or from any disease which blinds by a destruction of the cornea, without implicating the deeper parts. These will continue for many years, and indeed for long lifetimes, without giving their owners any annoyance whatever. The fundus in such eyes is healthy, a gradual atrophy takes place from disuse, and they may shrink, but they still remain quiet. This is not, however, always the case; for the parts within may waste more rapidly than the globe, by shrinking, can accommodate itself to its lessened contents, and the relative connexion of the internal structures becomes disturbed. From atrophy of the vitreous, its consistency and bulk are diminished, and the retina, deprived of its natural support, falls forwards and becomes separated from the choroid, which may still, however, maintain its normal position with the sclerotic. This space gets filled up by some adventitious deposit, capable either of becoming organized and forming a new growth, or at some future period of undergoing degeneration.

The lost eyes that are most apt to give trouble are those which have come to their end from an acute deep-seated inflammation or from an injury. In both we have new products thrown out within the eye, disarranging in some cases the proper relationship of the tissues to one another, and in others materially altering the structure of the tissues themselves. The iris, the choroid, and the retina may be completely changed, from effusions within their substance; or the relative positions of the choroid and retina may be destroyed, from lymph, serum, or pus separating them from one another. The vitality of these structures is necessarily impaired by the inflammatory action which has destroyed the eye; their reparative power is greatly diminished; and the effusions which have been poured out, instead of being absorbed and disposed of, either become organized and form new products, such as bone or fibrous tissue, or else remain unaltered, until from some cause or other they commence slowly to disorganize. The chronic changes which take place in such eyes render them liable to frequent attacks of inflammation; and although these may not be very severe, yet they are peculiarly prone to induce sympathetic irritation in the other or sound eye. So important a fact is this, that I think it becomes a serious question whether, when an eye is irreparably lost, it is wise to keep it.

The nature of sympathetic inflammation, and the way in which it involves the other tissues of the eye.—It is essentially an adhesive inflammation. Seldom, if ever, does an eye affected with sympathetic inflammation suppurate. Its tendency is to rapid plastic effusions, which soon become organized and incapable of absorption, blending the different tissues together, impairing their textures and destroying their functions. Repair seldom follows an arrest of the disease; the damage it has inflicted remains. Very insidious in its attack, the eye is invaded by the disease without having pain as a warning of its presence. It often creeps on unheeded by the patient, and the first symptom which frequently draws the attention to the apparently sound eye is a slight defect in the ability to define clearly, and a general pinkiness of the globe. In children I have seen the disease thoroughly established before they have been brought by their parents for advice, simply from the fact that the absence of pain induced them to think lightly of it. When once fairly started, it is an inflammation very difficult to subdue, and even when arrested it is liable to frequent recurrence. Each relapse leaves the eye in a more damaged state, and oftimes they are repeated until the eye is completely destroyed. The iris, choroid, or ciliary processes are the parts primarily affected by the disease, but the other tissues may and do become secondarily involved. In some cases it seems to originate in and limit itself to the anterior structures of the eye, leaving the fundus healthy, as in a case recorded under the care of Mr. Critchett, where, after an arrest of the disease, he succeeded in extracting the lens and making a new pupil, and in restoring to the patient a very useful amount of vision. In other patients the choroid and deeper structures become implicated, and total loss ensues. As a rule, the disease commences in the iris, and its progress is backwards towards the choroid. It may, however, occasionally commence in the choroid, and extend forwards to the iris.

The peculiar disposition of this inflammation to the rapid effusion of lymph is manifested at the very commencement of the disease. At a very early stage the pupil is fixed from adhesions between it and the anterior capsule of the lens, and the whole tissue of the iris appears as if it were soaked with lymph. It is not deposited on the surface in nodules, as in syphilitic iritis, but in the form of an infiltration, invading the very texture of the iris. In the synechiæ which are formed, it is not simply the pupillary margin of the iris which contracts adhesions to the capsule of the lens, but the whole of its posterior surface, glueing it down, and incorporating it with the lens capsule; so that if at a future period an attempt is made to form an artificial pupil, and a portion of the iris is torn away, it is common to find the part of the capsule exposed, covered with uvea, indicating exactly the extent of adhesion which had existed between it and the posterior surface of the iris.

At an early period of the disease, when the iris is saturated with lymph, it is soft and rotten, for this is the only word which conveys to the mind its actual condition. Attempt at this stage to remove a portion of it, and the hook will go through it like tinder, or the forceps will only bring away the particle which it holds between the extremity of its blades, tearing it away from the rest.

At a later period of the disease, when all the acute symptoms have passed away, the iris has become completely changed in character; it is excessively tough, has completely lost all its elasticity, and is converted into a dense, fibrous membrane. In the endeavour to remove a portion of it, to form an artificial pupil, the hook is often unable to penetrate the texture, and scissors are required to cut it; but the cut made in it remains only as a slit, no separation or retraction of its edges taking place. The lymph, which in the early stage was infiltrated into its substance, has now become organized and converted into a fibrous tissue.

(To be concluded.)

THE LIST OF THE ROYAL COLLEGE OF SURGEONS.—This annual publication has just made its appearance. The honorary and elective Fellows now amount to 936; and those by examination to 300; making a total of 1296. There appears a great increase in the number of persons who have received the certificate of qualification in Dental Surgery—viz., 280 against 100. The Licentiates in Midwifery amount to 926; the Members are *legion*.

ON THE VARIOUS FORMS ASSUMED BY THE GLOTTIS.

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IT appears to have become an accepted axiom, that the glottis in the living is for the most part of a triangular form or shape, although many of the older anatomists do not describe it. Indeed, descriptions of the healthy glottis by some observers, almost up to the present hour, would lead to the supposition that the glottis never assumes any other form than that of a triangle. On one occasion a diagram of mine was criticized because the glottis was represented oblong, the vocal cords running parallel to one another for a certain distance. This and other similar errors have induced me to go into the question of what are the various forms assumed by the glottis, and in what manner do they arise?

In solving this problem, the relation that subsists between the true vocal cords and the thyro-arytenoid muscles must be first briefly considered.

It is well known to anatomists that the thyro-arytenoid muscles are intimately attached to the vocal cords, which lie in contact with their thickest part, and the connexion between the two is so strong that the natural inference follows that their action must, to some considerable extent, be mutual. Indeed some anatomists have gone so far as to say that the vocal cords are nothing more than the tendons of these muscles; dissection proves the contrary. These muscles arise from the middle and lower part of the posterior surface of the thyroid cartilage—namely, the inferior half of the rentrant angle of the cartilage just below and a little external to the origin of the vocal cords, whence they proceed backwards and outwards, to be attached to the outer part of the base of the arytenoid cartilage, immediately above the crico-arytenoid muscles. They correspond to the internal surface of the thyroid cartilage, and are usually described as very thin, transversely flattened, broader before than behind, and of an irregular form; and their fibres run parallel to the vocal cords, and expand over their sides. The use of these muscles is to draw the arytenoid cartilage downwards and towards its fellow, thereby diminishing the capacity of the glottis; and, as they can produce various alterations in the form, position, and degree of tension of the vocal cords themselves, they necessarily influence the form and shape of the glottis. In their action also they compress the ventricles.

Leaving out for the present the consideration of their influence in the production of the voice, through their close and intimate connexion with the vocal cords, a few observations are necessary upon the arrangement of the muscular fibres, which have much to do in regulating the form of the glottis—a phenomenon which, so far as I am aware, no physiologist heretofore has attempted to explain.

As already stated, their fibres have been asserted to run parallel to the vocal cords. This has been commonly taught, and, in dissections of the larynx, has been apparently demonstrated to be so. A minute dissection of these complicated and hitherto but little understood muscles, however, invests them with the deepest interest, and proves that whilst some fibres run parallel, others run in wholly different directions; and for the first minute description of this we are indebted to the labours of M. Battaille, whose researches I have followed out, with the result of confirming the general accuracy of his statements.

The minute anatomy of these muscles is of the most fascinating character, and will well repay the study of those interested in the subject of phonation. Some parts cannot be made out unless with a magnifying glass. I can only refer in a general manner to what Battaille has discovered to illustrate the subject of this paper. For clearness of description he divides the thyro-arytenoid muscle into three portions. The first he calls *faisceau plan*, or *flat bundle of fibres;* the second, *faisceau paraboloide*, or *paraboloid bundle of fibres;* and the third, *faisceau médian ou arciforme, the middle or arciform bundle of fibres.*

With regard to the first of these,

The faisceau plan. It extends from the rentrant angle of the thyroid cartilage to the inferior border of the arytenoid cartilage, including the fixed extremity of the latter. The bundle presents an internal and external surface and four borders. These I shall not describe; but it will suffice to state that the internal surface is formed of horizontal fibres, which become short as they are superimposed upon one another. In front it is but slightly adherent to the vocal membrane; but it is most intimately united throughout above, according as it approaches the arytenoid. The external surface anastomoses with the second and third portions. The superior border slightly adheres or not to the vocal membrane. If dissected with extreme care, this border sends to the vocal ligament, fibres which become slender according as they are more superior, which are arranged like the barbs of a feather.

The second or external portion of the thyro-arytenoid muscle, *The faisceau paraboloide*, arises wholly from the rentrant angle of the thyroid cartilage, as high as the origin of the *flat bundle* of fibres.

Starting from this point, the inferior or internal assume the form of an irregular parabola, pass outwards, meeting inwards the inferior fibres of the *flat* bundle, with which they seem to be blended throughout their anterior fourth, applying themselves to the inferior part, and then the external part of the ventricles of Morgagni, and then go to attach themselves to the external tubercle of the arytenoid cartilage.

The middle fibres issue from the same origin, assume the same form, are shorter, pass equally beneath the ventricles, and are lost upon the aryteno-epiglottic folds.

Finally, the superior fibres, which are likewise anterior and shorter, enclose the anterior part of the ventricles, and attach themselves to the *thyro-arytenoidien grêle*, an offshoot of the parent muscle.

The third or middle portion of this muscle is situated between the two others, and is called

The faisceau médian ou arciforme. It consists of two flat triangles, their base attached to the cavity of the arytenoid, and their apex or summit to the thyroid cartilage, forming by their superior and inferior surfaces a triangular pyramid, of which the internal surface, throughout its greater portion, is adherent to the *flat* bundle of fibres.

The superior or ventricular surface is concave, and on leaving the arytenoid cartilage the most internal fibres arrange themselves like the barbs of a feather, anastomosing with the superior border of the *flat* bundle. The middle and the external fibres intimately unite at the superior border, which they overlap.

The inferior surface is convex, with the base and summit as in the preceding. These fibres, larger and fasciculated, join the flat bundle of fibres, and anastomose with them, near the termination of the arytenoid process.

The internal surface of the base and summit is the same as the two others. It is more or less separated near the arytenoid cartilage from the external surface of the *flat* bundle, yet it is intimately adherent to that same surface, upon which the fibres are displayed like the barbs of a feather.

The base, as already stated, of this muscular pyramid is attached to the cavity of the arytenoid cartilage, and the apex mingles with the *flat* and *paraboloid* bundles, inserted into the thyroid cartilage.

The superior border adheres to the superior border of the *flat* bundle, whilst the inferior border joins the same border of the same *flat* bundle. The external rectilinear border is often blended with the internal *paraboloid* fibres.

Such is the thyro-arytenoid muscle, which Battaille calls the *Triceps laryngeu.*

From the description thus briefly given, it will be observed that there are two classes of fibres—one horizontal and superimposed, the other oblique, but differing much in their aspect, bearing, and insertions. The vocal cords are attached to the horizontal fibres of the superior surface of the *faisceau plan*, or first portion, intimately above, and to the feather-like fibres of the superior border also; and as the external surface of the *faisceau plan* anastomoses with the fibres of the second and third portions, we have the *vocal cords* directly under the influence, more or less, of all the parts of the thyro-arytenoid muscles, and can be drawn in various directions, and at different parts, outwards or otherwise. The anterior fourth of the inferior fibres of the *flat* bundle are blended with the inferior or internal of the *paraboloid;* whilst the superior and inferior borders of the *arciform* are adherent to the same borders of the *flat*, the internal, feather-like fibres of the superior or ventricular surface anastomosing also with the superior border of the *flat*, and the internal surface intimately adhering to the feather-like fibres of the *flat* bundle; and lastly, the external border of the *arciform* is often blended with the internal *paraboloid* fibres.

The connexion and intercommunication between the different sets of fibres in the triceps laryngeæ is thus shown to be most complete; and independently almost, I might say, of the other muscles of the larynx, they act upon the vocal cords, and thus give rise to the various forms assumed by the glottis. It has with the laryngoscope been demonstrated of the horizontal and oblique fibres of this singular and remarkable muscle, that they can act together or separately, and this was proved in a communication by myself read before the Physiological Section of the British Association for the Advancement of Science last year at Newcastle, "On Voluntary Closure of the Glottis independently of the act of Breathing."

Of the various forms assumed by the glottis, may be mentioned: triangular, lozenge or barrel, circular, oblong, lanceolate, elliptic, pyriform, arched, and linear.

The triangular glottis, as usually seen, assumes the form of an isoceles triangle, for two sides only are equal to one another. Sometimes, in females, in whom the vocal cords are relatively shorter than in the male, the form of the glottis represents an equilateral triangle, if a line be drawn between the two extreme points of divarication of the vocal cords. In very rare instances a right-angled triangle is observed, and when such is the case, not only is the glottis seen to be shallow from before backwards, but the vocal cords seem to be blended together at their origin. I have never seen this form in other persons than women, but it is exceedingly rare. A line drawn from the two divaricated ends represents a very broad base.

The opening and shutting of the glottis of a triangular form, in inspiration and expiration, represent the state of repose in tranquil ordinary breathing, or the mildest action of all the muscles of the larynx combined, but especially of those under consideration in opening the glottis, coincidently with the posterior crico-arytenoid.

If inspiration be full and deep and rapid, the pressure of the column of air causes the paraboloid and arciform portions of the thyro-arytenoid muscle to contract, as well as the posterior crico-arytenoid, thus separating the arytenoid cartilages to their greatest extent, and drawing at the same time the entire extent of the vocal cords outwards, and the glottis assumes a lozenge or barrel shape, a very wide oval or oblong, or, in some persons, an almost completely circular form. (All these were lately shown, with many others, in my diagrams before the British Association for the Advancement of Science at Bath.)

If, on the other hand, the contraction of the horizontal fibres of the *faisceau plan* takes place at the anterior and posterior thirds, and moderately so in the middle, through mild ventricular traction of the oblique internal fibres of the arciform bundle, we have parallelism of the glottis, and an oblong shape is seen. This of course cannot be wide, for the separation or retraction of the vocal cords outwards at their origin can occur only to a limited extent; yet that condition I have now seen several times. Lest this might seem problematical, I would ask anyone accustomed to examine this part of the organism *extra corporis*, to notice that the vocal cords at their origin can be separated in some persons to the extent of one or two lines, which I need not say is a considerable width for the glottis, and would allow of a comparatively wide oblong. I have exhibited diagrams of the larynx in a morbid condition to show this form assumed by the glottis.

A still more remarkable form than any of those described, is the reversal of the position of the triangle, but of necessity with a narrow base.

In certain conditions of the triceps laryngeæ, probably pathological, during the emission of the falsetto notes, the glottis closes apparently throughout its whole extent; and as their intensity increases, the vocal cords at their origin divaricate, and give to the glottis the form of the letter Y, narrow or broad according to anatomical circumstances; and if the sounds slowly and gently cease, there is a long and narrow triangle, and then a narrow oblong. A striking example of this I have shown to many persons in some of my practical demonstrations. Now the cause of this I infer to be some loss of power in the minute fibres of the anterior part of the *faisceau plan*, or of undue excitability of the paraboloid portion here, for we know that the anterior fourth of the inferior fibres of the flat bundle are blended with the inferior or internal of the paraboloid.

Loss of power may affect a portion of the vocal cords, as I pointed out some three or four years ago, and give to the glottis a pear shape, or one not unlike that of the new form of wine-decanter now in use. This partial loss of power need not surprise us in the least, when we remember the disposition of the fibres, and the divisions which this remarkable muscle—the triceps laryngeæ—undergoes, influenced no doubt by certain lesions affecting a part and not the whole of the flat or other portions of the muscle.

A lanceolate, an elliptical, and a pyriform glottis are often seen when the parts are in a state of rest and the breathing is tranquil. These forms can be produced by the action of the arytenoid muscles, closing the bases of the arytenoid cartilages. Oftentimes they are the result of disease, without movement of either vocal cords or arytenoid cartilages.

In the phonetic movements of the larynx, displayed in manifestations of the chest and falsetto registers, the glottis assumes linear and other narrow forms, which I have frequently displayed in a series of diagrams. In the production of the sounds giving rise to these forms, I fully agree with Battaille that the thyro-arytenoid muscles play the most efficacious and important part. The vocal cords are stretched both in length and breadth; sub-glottic tension is due to the action of the *faisceau plan*, and ventricular tension to that of the oblique internal fibres of the arciform: this is on the authority of Battaille, and I entirely concur with him. Further into their consideration, so far as phonation is concerned, I do not propose to enter.

The last and a singular form of the glottis to be noticed is that representing a segment of a circle, which I have never seen, unless in those who had lost their control over some of the notes of the diatonic scale, whether of the higher or the middle. In defective middle notes, on ascending the scale slowly from the lower, the tension and parallelism of the vocal cords are seen to be without fault; as the middle notes are reached, both are altered, for the tension becomes irregular and the parallelism is destroyed, especially if the tension of one cord is good and the other imperfect, for then the fissure of the glottis represents a small thin segment of a large circle. The part of the thyro-arytenoid muscle at fault under such circumstances is most probably the penniform or feather-like fibres of the *faisceau plan*, affecting the equality in the power of tension of the vocal cords, through a want of harmony in their tonic contraction.

From what has been stated in this communication, it will be seen that the glottis assumes various forms and shapes, which are quite capable of explanation in a general manner by our increased knowledge of the distribution and arrangement of the fibres of the thyro-arytenoid muscles. And as a new field of research and study has been opened out through the instrumentality of the laryngoscope, we must not be content to go on in the old beaten track and accept everything for granted. We must search out and inquire for ourselves, never overlooking the main object of advancing truth equally with science.

Portman-street, Oct. 1864.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

THREE FATAL CASES OF ACUTE RHEUMATISM: FROM CLOT IN HEART AND PULMONARY APOPLEXY; FROM RHEUMATIC MENINGITIS; AND FROM RUPTURE OF INTRA-PERICARDIAL ANEURISM.

(Under the care of DRS. DAVIES, FRAZER, and CLARK.)

THE belief is entertained by some writers that rheumatism in its acute form is not of frequent occurrence. A glance at the records of the various hospitals will show that whilst in some the cases are few, in others they are tolerably numerous, and several may be seen side by side in the same ward. Indeed some hospitals are never free from cases, but their frequency generally depends upon season, atmospheric influences, and locality. The London student has abundant opportunities of studying the disease clinically in all its forms and stages. Examples of unusual severity, quickly ending in death, are occasionally seen; three such cases we now record, through the courtesy of Mr. N. Heckford, house-surgeon to the above hospital. They are

of especial interest, because they illustrate in a striking manner some of the modes in which this grave malady proves fatal. In all, however, the heart was more or less involved, by recent or previous attacks of disease. Dr. Watson has remarked, in his admirable lectures, that the intellect is unaffected except when carditis takes place; and then violent delirium is apt to ensue, misleading the practitioner, drawing his attention away from the chest, where fatal changes are in progress, and fixing it upon the head, where no inflammation at all exists, but which is disturbed through sympathy with the cardiac disorder. With this exception, he remarks, we do not find patients in acute rheumatism delirious. In Case 2 it will be observed that there was actual mischief in the head to account for the delirium, whilst the heart, although diseased, was less affected than in the other cases.

CASE 1.—At four o'clock one evening a robust young woman, aged nineteen, was admitted into the London Hospital, under the care of Dr. Davies, with acute rheumatism. Several of the joints were affected, but nothing unusual was noticed. During the night morphia was given her at intervals; the record of the exact quantity was lost, but it was certainly not more than a grain and a half. No other treatment was adopted. At eight o'clock on the following morning she was perfectly sensible, and partook of some breakfast; but by ten o'clock she had suddenly become comatose, the pupils being uncontracted and the pulse and breathing laboured. She died in an hour's time.

At the post-mortem examination the membranes of the brain were found to be normal in appearance; no effusion of any kind had taken place. The brain substance was also healthy, with the exception of congestion; the puncta cruenta being very numerous. The ventricles did not contain fluid. The heart weighed thirteen ounces; its muscular substance had undergone considerable hypertrophy; the mitral valve was thickened and opaque, and studded with rough nodules of lymph. The pericardium was injected and roughened, but not from recent exudation. (She had had a previous attack of rheumatism.) The right auricle was filled with a large pale clot, which extended for a considerable distance into both venæ cavæ; the right ventricle had the greater part of its cavity filled in a similar manner, and the left also contained a small one. Moreover there was pulmonary apoplexy on the left side, involving nearly the whole of the lower lobe; the right lung being simply congested.

CASE 2.—In this instance the symptoms on admission, in addition to the rheumatic affection of the joints, were complete and incessant muttering delirium, profuse acid perspiration, with a general tremulous jerking condition, amounting almost to a continual rigor. His manner and aspect were certainly not those of delirium tremens as it ordinarily occurs. The patient was a printer, aged forty, of most temperate habits, and previous good health, excepting that he had had a former attack of rheumatism. The present seizure commenced three weeks before his admission under the care of Dr. Andrew Clark; but the delirium had been noticed for the last week only. At first it was not constant; it was never violent, nor did he have any convulsions. The treatment adopted was the administration of large doses of alkalies. He died comatose on the third day, without any remission of symptoms.

The post-mortem appearances were as follow:—Body much emaciated; effusion of fluid into the ankle- and knee joints. The heart weighed ten ounces, and the pericardium covering it less clear than normal, with some white patches sprinkled at intervals; the mitral valve was thickened, and one of the aortic valves converted into a calcareous mass. The lungs healthy, but congested, as was also the liver; the kidneys were small and pale, the cortical substance much reduced, and its place supplied by a pale yellow looking matter. (No opportunity was afforded of examining the urine, as it was passed unconsciously; but so far as could be ascertained, no symptoms of renal disease had been manifested during life.) The intestines were examined throughout, but, with the exception of a little congestion, they were healthy. There was considerable effusion on the surface of the brain between the pia mater and the arachnoid, the membranes being slightly opaque; a large quantity of fluid was also found at the base, and the lateral ventricle contained about half an ounce of reddish turbid serum.

CASE 3.—A young man, aged twenty-two, walked into the hospital receiving-room saying that he had "great shortness of breath, and pain in the chest." From his aspect serious mischief was suspected, and he was immediately admitted under Dr. Frazer's care. On examination, extensive pericarditis was found, with valvular murmurs at the base and apex. He denied having had rheumatism; but, on cross examination, he remembered that his joints had been swollen and painful, but that three days before this condition had entirely subsided in the space of three hours, after which the heart's action had become excited. For the first three days the treatment adopted was calomel and opium at frequent intervals, and a blister to the precordial region, dressed with mercurial ointment. The gums being now slightly affected, he was ordered to have a scruple of bicarbonate of potash every hour. Decided improvement took place; but on the night of the fifth day he had sudden dyspnœa, which shortly ended fatally.

The following is a copy of the post-mortem notes:—Pericardium distended to the utmost with coagulated blood, and both its layers thickly covered by rough organized lymph; the muscular substance of the left ventricle much hypertrophied; the mitral valve was healthy, excepting a small portion of one division, which was thickened and opaque; the aortic valves were greatly thickened, one of them being converted into a calcareous mass. The sinuses of Valsalva were much dilated. The whole calibre of the intra-pericardial portion of the aorta was greatly increased; and, at a short distance from its origin, somewhat posteriorly and to the right side, was a false aneurism, about the size of a walnut, which had given way, the aperture admitting a small probe. Viewed from within, the opening into the sac was irregularly oblong, and nearly an inch in length, studded at the edges with nodules of lymph. The sac of the aneurism was very thin; no deposit of fibrin around the walls.

GUY'S HOSPITAL.

A CASE OF DIABETES MELLITUS, IN WHICH THE INTERNAL USE OF ARSENIC PROVED BENEFICIAL AFTER OTHER MEANS HAD FAILED.

(Under the care of Dr. OWEN REES.)

THE persistence and obstinacy of the symptoms of diabetes, under, we may say, almost every plan of treatment, must be familiar to every hospital physician; and the quantity of urine will actually increase, as in the following case, where it had reached to thirteen pints in the twenty-four hours. Small doses of a solution of chloride of arsenic were ordered, with the effect of rapidly reducing the quantity, so that when the patient left the hospital it did not exceed four pints, although still saccharine; and her general health was much improved in every way, with absence of thirst.

Emily Fanny S——, lately resident as a domestic servant at Tottenham, was admitted on Nov. 19th, 1863. She is rather an unhealthy-looking girl, ill about six months, and has derived no benefit from treatment. The first symptom she noticed was an intolerable sense of thirst, craving appetite, coldness of the extremities, and constipation of the bowels. The catamenia have ceased for three months; the breath is very disagreeable; tongue furred; pulse 60. Quantity of urine passed in twenty-four hours, six pints; specific gravity 1045, containing a large quantity of sugar. Ordered, julep of acetate of ammonia three times a day, and plain middle diet, in order to get her into a normal state, as she had been living on diabetic regimen previous to admission.

Nov. 20th.—To have eight grains of carbonate of ammonia, with tincture of orange-peel and infusion of chamomile, three times a day; full diet, greens, eggs, macaroni, milk, and almond biscuits.

21st.—The catamenia have again appeared. The ammonia to be increased to ten grains.

30th.—Ordered soda and rhubarb, in consequence of constipation.

Dec. 1st.—Up to the present period the patient had been attended by Dr. Barlow; but Dr. Rees taking the case on to-day, and considering there was no improvement in treating her in the orthodox way, wished the ice treatment to be tried, and all other medicines and diet to be discontinued. The first day ice was applied to the spine for two hours; second day increased to four hours; third day increased to six hours; sixth day increased to ten hours; and eighth day to twelve hours.

9th.—She does not complain of any particular pain during the ice application. There is no appreciable difference in the state of the pulse. The urine is still passed in large quantities, abounding in sugar; specific gravity 1050.

15th.—Ice discontinued.

16th.—No increase in quantity of urine. To have one grain of opium three times a day.

21st.—Opium to be increased half a grain, and on the 22nd it was made two grains.

23rd.—Notwithstanding the large quantity of opium—viz., six grains a day—the quantity of urine increases, as she now passes three quarts; specific gravity 1050. Pupils not the least contracted, and the sight not affected.

26th.—Still continuing with the opium, but the urine has increased to four quarts. She complains of an irritation about the vagina. On examination, the labia majora are swollen and red, and the meatus urinarius being also inflamed, a spirit lotion was ordered.

28th.—Dr. Hicks saw the girl to-day, and expressed his opinion that the vaginitis was only the result of the continued passage of the urine, and ordered her a lotion of hydrocyanic acid with opium to be applied after micturition, still continuing with the opium.

29th.—Urine, five quarts in twenty-four hours. To discontinue the opium in the form of pill, and take the following:—Carbonate of magnesia, one scruple; powdered opium, one grain and a half: in mucilage three times a day.

31st.—Urine passed in twenty-four hours, thirteen pints. Ten grains of Dover's powder to be substituted for the opium.

Jan. 15th, 1864.—Urine passed, eleven pints in twenty-four hours; specific gravity 1045. To have solution of chloride of arsenic, five minims, in infusion of cascarilla, thrice a day.

18th.—Urine, ten pints. Complains of a griping pain in her bowels; has a headache, and feels faint; no appetite; not quite so thirsty; tongue clean; pulse 88.

21st.—Urine, six pints and a half; specific gravity 1047.

26th.—The patient is improving fast; appetite better; much less thirst. Urine, five pints; specific gravity 1047.

29th.—Urine, four pints and a half; specific gravity 1046.

Feb. 2nd.—Six pints and a quarter; specific gravity 1046.

3rd.—Five pints and a half; specific gravity 1046.

4th.—Six pints; specific gravity 1043.

5th.—Five pints and a half; specific gravity 1046.

6th.—Four pints and three quarters; specific gravity 1048.

8th.—Five pints and a half; specific gravity 1045.

During the last week the patient has much improved; has a more cheerful aspect, a proper appetite, and much less thirst; urine still contains much sugar.

10th.—Urine, five pints; specific gravity 1040.

12th.—Six pints and a half; specific gravity 1040.

16th.—Four pints and a half; specific gravity 1042.

18th.—Five pints and a half; specific gravity 1040. She has now but little thirst, has gained flesh, and is cheerful.

22nd.—Four pints and a half; specific gravity 1040.

29th.—Five pints; specific gravity 1040.

March 1st.—Four pints; specific gravity 1040. Has gone out, considerably improved in appearance; has gained flesh, lost her thirst, and has a proper appetite.

ST. GEORGE'S HOSPITAL.

EMPYEMA AND PNEUMOTHORAX, WITH REMAINS OF SUPPOSED OLD ABSCESSES IN THE LUNGS.

(Under the care of Dr. PITMAN.)

OUR space will not permit us to do more on the present occasion than to draw attention to the condition of both lungs found after death in the following case. The cavities observed were suspected to be the result of the drying up of old abscesses, in one of which, near the surface, was a communication with the pleural sac.

John W——, aged twenty-seven, admitted June 11th, 1864. He had been ill eight months before admission with pain in the right side and cough. For the last two months he had only been able to talk in a whisper. When admitted, his breathing was hurried, he spoke in a whisper, had a troublesome cough, and his nails and finger-ends were somewhat clubbed. He said that when he walked about he was like a bottle half full of fluid, and the splashing of fluid was very distinct when he was shaken. The right side of the thorax was perfectly dull; no vocal fremitus; breath seemed only heard at the apex. The left side was more resonant; puerile breathing was heard over the whole left lung, with sibilant râles at the apex. The treatment consisted in the application of blisters, with bark every six hours. Sputa very watery.

Aug. 15th.—He improved slightly under this treatment. The following symptoms were noted at this date: Dulness all over the front of the right lung, but breathing heard near the surface at the apex. Puerile breathing at the left lung. When he bends the head downwards and jogs himself forwards, the impulse of the fluid is distinctly felt by the hands placed at the right nipple and on the first intercostal space of the left side. The impulse is very marked, and extends at least four inches to the left of the mesial line. Behind, the right lung has recovered itself a little. There is some vocal fremitus here. Metallic splashing is only to be heard behind, in a very limited space just above the lower angle of the right scapula; the space is of the size of a crown-piece.

22nd.—Was seized with increased dyspnœa, from change in the weather, which was very cold. Noisy cooing sounds were heard all over the left lung. Sputa thick, and like pea-soup; pulse much quicker, and sleep bad.

24th.—The lung was evidently full of fluid, as well as the right side of the chest. He was obliged to sit up, gasping for breath. Countenance livid and anxious. In this state he continued until the morning of the 25th, when he died.

Autopsy, twenty-four hours after death.—The right pleura was distended with air and purulent fluid. When a small opening was made into the cavity from above, a quantity of gas escaped, and the chest and abdomen became visibly smaller. A very large quantity of pus remained. The pleura was pushed some inches beyond the median line. The lung was compressed into a solid mass of very small size, and was coated with layers of false membrane varying in date: the deeper were firm and tough, the superficial quite soft and recent. On the anterior aspect of this lung, near its apex, was a small round perforation with smooth edges, which passed into an empty cavity as large as a walnut. The apex was also occupied by a similar cavity, and there were some others in different parts of the lung. These mostly contained white soft matter, like putty. Their surfaces were smooth, and were lined with a thick fibrous capsule. There was nothing which had the ordinary characters of tubercle in this lung. The left lung was in much the same state, except that it was fully expanded. It contained a good many smooth spherical capsules full of the soft white matter described, the largest being as big as a nut. The white matter under the microscope had a very indefinite structure: a number of cells, which might have been shrunken pus-corpuscles, and much fatty granular matter. Some corpuscles much resembling pus-globules were seen, but the compound nucleus was not made out.

It was believed that the cavities in the lungs were the result of the drying up of abscesses.

Reviews and Notices of Books.

A Companion to the British Pharmacopœia, comparing the Strength of the various Preparations with those of the London, Edinburgh, and Dublin, United States, and other Foreign Pharmacopœias; with Practical Hints on Prescribing. By PETER SQUIRE, Chemist on the Establishment of the Queen, Chemist in Ordinary to the Prince of Wales and the Royal Family, late President of the Pharmaceutical Society. Second Edition. London: Churchill and Sons.

THIS work, which we characterized as a standard of reference, has already reached a second edition—a pretty safe indication that its high merits are appreciated. Amongst the improvements in this issue, the author has placed against each individual of the various groups of preparations the proportionate quantity of the active ingredient as well as the dose. This, it will be remembered, was done only in the case of the tinctures in the first edition. In the body of the work have been added the proportions, which enable the reader to compare the strength of such preparations with those of other Pharmacopœias, as well as to check the formula itself. Thus, for instance, in the preparation mistura ammoniaci there is a misprint of a quarter of a grain of ammoniacum for a quarter of an ounce, to eight ounces of water; but on reference to the marginal note the error is at once detected. The names of the drugs in foreign Pharmacopœias, when they differ from our own, have also been added in the Companion, thus making this part of the work far more valuable. An improvement of a very important character has likewise been made in the shape of an index, embracing a posological table, in which the doses of all medicines are given. Not only is the

matter of the British Pharmacopœia kept clear from extraneous information, but the index is arranged so as to carry out the same distinction. All the names in the British Pharmacopœia are put in Roman letters, while the rest are in italics; so that the student will find what he would have jotted down for himself in getting up the Pharmacopœia. The prescriber and dispenser have all things made ready to their hands.

The work altogether is greatly enlarged, is handsomely bound, and with cut edges. For the student, the prescriber, and the dispenser, the volume may be regarded as a most complete guide.

Etudes Ophthalmologiques: Traité Théorique et Pratique des Maladies des Yeux. Par L. WECKER, D.M.P. Tome Premier; Trois Fascicules, pp. 848. Paris: A. Delahaye.

IN these three parts of his first volume M. Wecker has sufficiently proved his capability to produce a standard treatise on diseases of the eye; and we may, without waiting for the completion of the work, at once give our warm commendation to this portion. Thus far M. Wecker has treated of the diseases of the conjunctiva, sclerotic, cornea, iris, and choroid, and of those of the eyelids, orbit, and lachrymal ducts. He has consequently covered a large part of the ground; and everywhere he shows full information, accurate judgment, careful observation, and judicial calmness. To write a treatise on ophthalmic surgery and medicine at this time is in many ways a bold undertaking. The last ten years have been prolific in monographs; the journals teem with observations; the hospital records abound with cases which bring new facts to our knowledge of ophthalmology. It is a science and an art which has been revolutionized, which is daily undergoing fresh changes and improvements, and which has made strides more rapid than any other department of medicine or surgery. There is much to be read; many things to be tried; many to be rejected; many to be modified; many to be added. Hence the task of a systematic writer is at this moment peculiarly difficult. We have read M. Wecker's treatise carefully, and with especial reference to these responsibilities: we rise from it with the conviction that he has admirably fulfilled his very onerous duties. He collects evidence cautiously, and balances opinions with great ability; and we accept his conclusions on nearly all the debatable points of the day.

On Combined External and Internal Version. By J. BRAXTON HICKS, M.D., F.R.S., Lecturer on Midwifery and the Diseases of Women at Guy's Hospital, &c. 8vo, pp. 72. London: Longmans.

THE subject of this memoir originally appeared in the columns of THE LANCET in 1860. Since that date much of the matter has been rewritten, new illustrative cases have been added, and the whole corrected in accordance with the author's increased experience. In its present form it constitutes a valuable monograph.

Until the commencement of the present century the ancient mode of turning the child, when it was sought to alter its position in the uterus, was that always adopted: the hand was passed up into the uterine cavity, and the feet grasped and drawn down. If the practitioner employed the disengaged hand at all, it was only with the object of steadying and supporting the fœtus by exerting pressure over the abdominal parietes. About the year 1807, Wigand first taught, in an excellent essay, that the child could be turned from the transverse position and its varieties by external manipulation alone. But, as Dr. Hicks points out, this practitioner never produced complete version; so that the most important cases requiring this operation (placenta prævia, contraction of the pelvic brim, &c.) could not be treated on Wigand's plan. Many German obstetricians, however, have adopted it, and many cases have been published in proof of its utility. Nevertheless, it is difficult to accomplish satisfactorily, and it is generally only practicable in the earliest stage of labour. For these reasons probably the plan has attracted but little attention in this country.

To overcome these objections, Dr. Hicks has considerably modified Wigand's method; and he now describes a mode of turning which, based on one hand upon the knowledge of the capability of turning the child from the outside alone, and on the other of moving it from the inside alone, is able to be employed in the majority of cases with a degree of certainty and celerity. By this method cephalic or podalic version may be produced at the will of the operator, while it is capable of application so soon as the os uteri is sufficiently dilated to admit one or two fingers.

OUR LIBRARY TABLE.

Etude Clinique sur Divers Symptomes Spinaux observés dans la Fièvre Typhoïde. Par le Dr. FRITZ, Lauréat des Hôpitaux de la Faculté de Médecine de Paris. 8vo, pp. 186. Paris.—In this memoir the author describes a number of nervous symptoms which he has met with in the course of the so-called typhoid fever, and illustrates his description with the details of thirty-two cases. The symptoms in question he classifies under two heads—namely, Hyperæsthesia, and Disturbances of Locomotion. Under the former head he includes cutaneous and spinal hyperæsthesia, muscular pains, rachialgia, neuralgic pains in the limbs, &c.; and under the latter, paralysis, retention of urine, convulsions, tremors and subsultus, nervous breathing, spasmodic cough, and dysphagia. These symptoms are very common in enteric fever, and indeed in all diseases depending upon blood-poisoning; and the necessity for publishing a separate work on the nervous symptoms of one of these diseases is not very evident. The author is inclined to refer them to congestion of the spinal meninges, or to functional disturbance of the cord; and in their treatment he suggests the employment of belladonna in preference to opium, which he thinks is contra-indicated.

On the Phenomena of Hybridity in the Genus Homo. By Dr. PAUL BROCA. Edited, with permission of the author, by C. CARTER BLAKE, F.G.S., &c. London: Longmans. Published for the Anthropological Society of London.—It is a popular opinion that all races of men have been demonstrably proved to be fertile *inter se;* and many go to the extent of believing that the laws regulating this presumed fertility are fixed and ascertainable beyond all disproof. Both the author and the editor of this memoir are of a different opinion; and such as are interested in the important question here involved should make themselves acquainted with M. Broca's arguments.

The Principles and Practice of Medicine. Designed chiefly for Students of Indian Medical Colleges. By JOHN PEET, M.D., Principal and Professor of Medicine, Grant Medical College, Bombay. London: Churchill and Sons. Bombay: Thacker.—We regret that we cannot speak in favourable terms of this handbook or manual for students. The author's intentions have been good; but he has failed to perfect them. The fact is he attempted too much in a limited space, and hence has resulted imperfection.

The Utilization of Minute Life. By Dr. T. L. PHIPSON, F.C.S. London: Groombridge & Son.—While containing very valuable scientific information, this book also suggests a number of most interesting subjects for practical investigation. Dr. Phipson's knowledge of natural history is evidently both extensive and minute; and the illustrative style in which he writes is calculated to render the book attractive even to the general reader. There is, under the heading "Apis Mellifica," a statement concerning drones which is certainly at variance with a piece of information contained in one of the interesting letters from "A Beemaster at Tunbridge." The question is to be settled by simple observation, and we are not prepared to say who is right.

The Central Alps. By JOHN BALL, F.L.S., &c., late President of the Alpine Club. Longman and Co.—This very useful guide-book should be in the possession of all Alpine travellers; it contains a mass of information necessary to be known by the tourist in the Alps.

THE LANCET.

LONDON: SATURDAY, OCTOBER 15, 1864.

THE case of Mr. WILLIAM RICHARD GOODFELLOW, recently heard before Mr. SELFE, the experienced magistrate who presides over the Thames Police-court, commends itself to the serious consideration of every member of our profession. Perhaps no more terrible charge can be brought against any man than that of the violation of a girl of tender years. It is one which, unfortunately, is of all others the most easy to advance and proportionally difficult to refute. In the case of a medical practitioner, so flagrant an imputation becomes invested with, if possible, even greater significance. The public conclude, and they have just grounds for so doing, that the confidence reposed in their medical advisers constitutes them the protectors of those committed to their care. When, therefore, an accusation of this character is advanced against any gentleman in Mr. GOODFELLOW'S position, the very improbability of its truth renders it deserving of even closer scrutiny. If we do not, to use the ordinary expression, "congratulate Mr. GOODFELLOW on the result of the investigation," it is simply because such a course might lead our readers to suppose that it was a charge which, in his case, admitted of a doubt. Mr. GOODFELLOW'S reputation is now as unsullied as it was before this wicked attempt at intimidation or extortion. He has had the good fortune of having had the matter publicly and most thoroughly sifted by an able and painstaking magistrate, who has in many important inquiries proved quite equal to the requirements of his position. This is the only ground for congratulation in the entire proceeding. It is possible, judging from the recent vacillation in matters medical of those occupying seats on the magisterial bench, that in less able hands some shade of a compromising nature might have been permitted to remain. Mr. SELFE has removed all doubt upon this point, and those who have read the proceedings will not hesitate to adopt the opinion to which he has so distinctly and emphatically given expression. While we regret much that any member of our profession should have been subjected to the annoyance and inconvenience of so public an accusation, we may assure Mr. GOODFELLOW that his professional brethren feel that he has rendered them good service by showing how groundless was the charge in question, and by so promptly and properly bringing it before the recognised tribunal. We have had repeatedly to direct attention to the almost fatal facility with which grave accusations of this character can be advanced. The nature of the offence itself pre-argues the absence of means of disproof. It may be that circumstances are consistent with opportunity, and that, in the absence of means of supplying positive evidence in reply, the only chance of escape rests in the detection of inconsistencies in the narrative of facts. When a wicked, lying child, whose mind has been rendered impure by the perusal of those vile penny details of seduction and proflicacy which demoralize every young reader into whose hands they fall, with passions prematurely aroused, and, it may be, a person already tampered with, conceives the idea of a criminal charge, there can be little doubt but she will take care that time and place shall be consistent with her story. There is always an amount of sympathy ready to be exercised in behalf of the young. The apparently artless manner in which they detail their alleged facts, and the devilish cunning with which they deliberately lie, have frequently left damaging impressions, even though an acquittal has followed on the accusations they have advanced. It is only when, as in Mr. GOODFELLOW'S case, an *alibi*, perfect and complete, is established, that anyone so charged can hope to be regarded as entirely and wholly free. This is the practical truth, however unjust and monstrous it may appear. The consequence is, that timid men not unfrequently have shrunk from their public vindication, and have deemed it more prudent to pay a scoundrel for his silence than to punish him for his audacity. Some believe that the bare fact of being so charged invests their names with a ruinous publicity; others think that, however confident they may themselves be in their own innocence, surrounding circumstances may possibly induce many to regard them with suspicion; a few prefer to pay rather than undergo the worry and anxiety attendant on absence from business and the uncertainty of the law. And thus so many inducements to perjury and extortion are recorded, which in the end prove most disastrous to those wanting in the moral courage to look such charges boldly in the face. Not long since, our law courts revealed the case of an old gentleman who for years had been subjected to monstrous extortion for having yielded to his fears of an *exposé* where the charge was shown to be altogether groundless, and those advancing it were known to the police to have derived an income from similar proceedings. More recently, members of our profession have been subjected to costly litigation on accusations equally as untenable. This last illustration has less of complication than those previously determined. It might have been otherwise. It might have been that Mr. GOODFELLOW could not have so satisfactorily established his presence elsewhere. Had he been alone in his surgery at the hour named, he might have had considerable difficulty in removing the additional presumptions which such a circumstance would have afforded. What then? Why this—that time, place, and opportunity might have been perverted by a vicious child to his professional ruin and his personal dishonour. We do not assert they would have been so, but we say that they might. How is the possibility of such an occurrence to be avoided? By the exercise of sound discretion and that extraordinary caution which every man practising the medical profession ought to exhibit. Trust no one in affairs of prudence. Be always doubly armed in matters of honour. We have already had occasion, when commenting on a memorable trial, to caution our brethren against permitting themselves to be placed in positions affording any colour to charges of this nature. Forewarned, they ought to be forearmed. At certain times, and amongst women of a particular class, there appears to be a tendency to advance charges of this nature. Unfortunately the law on the matter is one-sided. There seems to be no redress by any summary process in case of the dismissal of the accusation. Take Mr. GOODFELLOW'S case as an example. Had the charge been established, his ruin, perfect and complete, would have ensued. An evil-disposed child is declared to have committed the most barefaced and deliberate perjury, and the magistrate has no jurisdiction, except it be to put into operation the first steps of a criminal procedure entail-

ing on the prosecutor expense and loss of professional time. Our contemporary *The Times*, in some able observations on this case, has observed—

"This is not the first time we have had to deal with these horrible practices. Threatening to accuse a person of an infamous crime, whether verbally or by letter, may now be visited with penal servitude for life; and since this punishment has been inflicted once or twice (thanks to Barons Bramwell and Martin) we have heard less of such threats. If a penalty a little less severe, accompanied by whipping in the case of boys, were known to await anyone, young or old, who might concoct a charge of immorality, it would go far to check the alleged monomania."

In these observations we entirely and most cordially concur. This case of Mr. GOODFELLOW is one of those which show the want of a public prosecutor in this country. On the unsupported testimony of a girl, Mr. GOODFELLOW is assaulted and nearly deprived of his life, and his fame and professional position are placed on their trial. To punish her would involve sacrifice of time and money. There is no medical fund available for the purpose. The Medical Protection Societies and Associations have come to this, that they are unable to take proceedings in such matters. Medical practitioners will do well to think of their position, and to take counsel together for their mutual protection.

There is one part of Mr. SELFE'S conduct in this investigation we cannot so highly approve: it is that in which he permits the father of the child to escape the penalty of his murderous assault. The requiring of his personal recognisance in the sum of £50 to keep the peace, seems to us a strangely inadequate requital for what might have proved a fractured skull. This is, however, beside the main question we have been considering. Mr. GOODFELLOW has received from Mr. SELFE the fullest vindication; and that able magistrate has expressed his conviction of "his entire innocence." This conclusion was in no small degree facilitated by the promptitude and the independence with which the charge was met and repudiated, an example we commend to all who may have at any time the misfortune to be similarly assailed.

AT the recent meeting of the British Associtaion for the Advancement of Science, a paper was read by Mr. TITE upon a subject of much interest to the medical profession of the two more important cities of the world. The subject in question was the relative mortality of London and Paris. It was shown that researches into the rates of mortality in the latter city are surrounded with doubts and difficulties, and that its official statistics cannot be compared with those of London further back than the year 1850. If the two cities be compared as regards their geologic, political, and social conditions, considerable contrasts will be seen. Some results are in favour of one metropolis, some in that of the other. All must influence the death-rate, and the final result is, that more people die in Paris than in London proportionally to the population. If the geologic position of the French capital be regarded, it must be confessed that the nature of the soil, the character of the materials used in house-building, and all that tends to render out-door life agreeable, are much superior to what they are in the capital of England. Paris is situated upon tertiary limestone, London on the impervious clays of the same formation. The former is, consequently, dry; the latter damp through a considerable portion of the year. Whilst the surface-waters of the one are enabled to flow off from the ground, or are quickly and well absorbed by it, those of the other remain upon its superficies. The situation, too, of Paris is higher above the level of the sea than that of London, and the strata that occur between the levels of the former city are all of them highly permeable, being mostly calcareous, excepting where they are covered with the marls and clays of the gypseous formations, or occasionally capped with the clays and gravels of the drift period. The conditions of climate are favourable to the production of animal food and the growth of cereal crops, and on the whole it is probable that the character and state of the food consumed in Paris are, in some essential respects, better than those which are to be generally met with in London. Yet notwithstanding these advantages, the mortality of Paris has been greater than that of our own metropolis for the ten years from 1853 to 1862 inclusive. In the former it has been 2·78, and in the latter, 2·39 per cent. In so far, then, as the hygienic conditions of the two capitals are concerned, London must enjoy certain great advantages over its apparently more favoured neighbour, and which may be expressed by the fact of the death-rate being about 1¼ in 1000 higher in Paris than in London. That this difference in the rate of mortality must have been greater formerly than it is now there can be little doubt, for a marked decrease in the mortality of the former city has certainly taken place since the year 1853, or shortly after the Emperor began to urge upon the municipal authorities the necessity of making better provision for the sewerage, water-supply, street-ventilation, and domiciliary reforms. But why, it may be asked, does there still continue an excess of mortality in Paris over London, notwithstanding the advantageous conditions we have alluded to, and the great improvements which have been made? Because, says Mr. TITE, of the dense crowding that takes place in the houses which the population of the capital of France occupy. Because of the bad hygienic conditions of these houses, so far as ventilation, the removal of refuse, and the supply of water are concerned. Because of the bad laying out of the town originally. We are told that in Paris there were as many as 35·17 persons per house in 1856, whilst in London, 7·72 is the utmost that exists. Further: "Ventilation in Paris is very bad; in almost all the court-yards in Paris, or elsewhere in French cities, there is a 'villainous smell' that must interfere with the healthy exercise of some of the most important functions of the body." As to the drainage and water-supply of the French capital, they are yet but in a rudimentary state. The sewers act simply to relieve the streets from the rain-water, and the supply of water is so scanty that in no case is it possible to command anything like what we call a "high service." There is no water to the private drains, and great care is taken to exclude from the sewers all that we take so much trouble to throw in, and which they retain to decompose under the houses in cess-pools, these being emptied from time to time.

"There is a singular subject connected with the rate of mortality in Paris that merits careful analysis of the returns. It is, that the population that would seem to be benefited by the changes that are being made in that city are apparently subjected to new forms of disease, that go far to compensate for the mortality arising from the old forms they were exposed to, and which are now disappearing. Thus there have been observed in Paris of late to have occurred many more deaths from

intermittent fever than were wont to take place in that city, and the number of fatal cases of pulmonary complaints has been considerably increased; the former are attributed to the exhalations that arise from the ground that is disturbed in erecting the new streets; the latter to the increased draught, and to the workmen breathing more dust than they were accustomed to."

The experience of our best hygeists, both of France and England, leads them daily more definitely to the conclusion, that the crowding of human beings within narrow limits, accompanied by defective ventilation, is certain sooner or later to result in devastating disease, no matter how well fed and cared for in other respects such persons may be. No doubt "overcrowding" in Paris exists to an extreme degree, but we ourselves are bad enough. Our sanitary reformers are fully alive to this, if the people themselves are not. The Council of the Social Science Association determined on considering, at their recent meeting at York, the question, "What is the influence on health of the overcrowding of dwelling houses and workshops, and by what means could such overcrowding be prevented?" and requested Mr. GODWIN to open the subject with a paper on the matter. He did so, and the report of it is before us. Mr. GODWIN'S conclusion is, that "the existing evils, from inattention to this special matter, are so enormous, so monstrous, so vitally important, that no amount of reiteration can be blamed or be deemed unnecessary, so long as they remain unremedied." Amongst the illustrations of overcrowding, and its attendant miseries, with which the author supports his arguments, we would draw attention to the following:—In one room near the Caledonian-road, Islington, were found, amidst a family, a child dead from scarlet fever, and another ill with the same complaint. No washing had been done for a fortnight, and the clothes which had been worn by the sick child and those which had been taken off the dead one were stowed in the bottom of a cupboard where the food of the family was kept. There were dirty slops in the room and on the staircase; the window had never been opened since the sickness began. The woman who lived here had buried three children, and the one lying dead was the fourth lost. The remaining rooms of the house were densely crowded, the drainage was not good, and two other children had died in the same place not long before. To take an instance from the sister isle, let us look at the picture painted by Dr. TUCKER, of Sligo, representing a hovel in the western districts. It is the home of a small farmer, the tenant of a nobleman, and is twelve feet broad by twenty-four feet long. The domestic circle, menagerie, or "happy family" that dwells therein consists of a sick man, his wife, four daughters, one son, three cows, one horse, two calves, two pigs, and some poultry, all in one common undivided room, with not the slightest partition. Generally the pigs are under the beds, the people in the beds, and the poultry overhead; thus the condition of the air and the sort of life enjoyed by the occupants can be readily imagined. At the close of the last season, says Mr. GODWIN, "I examined the workrooms of two first-class milliners and dressmakers in the neighbourhood of Regent-street, both employing more than sixty girls, and found that each worker had not 140 cubic inches of breathing space instead of 500 feet. In bad weather, when the windows are shut, and worse still at night, when unventilated gas-burners are flaring in every direction, the atmosphere is poison. What wonder that the faces of many of the girls were swollen and tied up, that a certain number are usually away ill, and that consumption is not an unusual result? The census of 1861 shows that there are in London, of different ages, nearly 55,000 milliners and dressmakers—an army of martyrs needing our care." This same subject of overcrowding was the other day brought forward in *The Times* by a "Herts Vicar." Indeed, as the editor of the *Builder* observes, as yet "no amount of reiteration can be blamed or be deemed unnecessary."

Medical Annotations.

"Ne quid nimis."

INDIAN GAOLS.

IN the suppressed report of the commission on the cholera epidemic of 1861 in northern India (see THE LANCET, vol. i. 1863, p. 718), an interesting comparison was instituted between the mortality of the British forces, sepoys, and prisoners in gaols. From the data given it appeared that the only class of the native population of which the mortality approximated to that of the British forces was the prisoners in gaols. The facts upon which this conclusion is based have a special interest apart from that which attaches to the recent insight which has been obtained into the management, or rather mismanagement, of Indian prisons. During the cholera outbreak of 1861, in the seven stations, Umballa, Delhi, Meerut, Bareilly, Agra, Futteghurgh, and Allahabad, the proportion of cases amongst the European troops was 48 per 1000 strength; amongst the native troops, 12 per 1000; and amongst the prisoners in gaol (excluding Meerut), 48 per 1000. The proportion of deaths to cases amongst the European troops was 29 per 1000; amongst the native troops, 4 per 1000; amongst prisoners in gaols, 20 per 1000. The returns of cholera in the Bengal Presidency show that amongst the European troops, during the twenty-one years 1833 to 1853, the proportion of cases to strength was 26 per 1000 per annum; of deaths, 388 per 1000 cases; amongst the native troops, during the twenty years 1833 to 1852, the proportion of cases was 5 per 1000 per annum; of deaths, 334 per 1000 cases; amongst prisoners in gaols, during the twenty-one years 1833 to 1853, the proportion of cases was 9 per 1000 per annum; of deaths, 426 per 1000 cases. These figures, while indicating, as it would seem conclusively, the greater liability of the European soldier to an attack of cholera than the Sepoy, show also that the prisoners in gaols approximate very closely to European soldiers in their liability to the disease. The liability of the European soldier is not, however, shared equally by the rest of the European community. In the epidemic of 1861 the non-military population escaped almost completely, and the officers of the army suffered, as they have done on former occasions, comparatively little.

Prisoners in gaols, according to the report, not only approximate closely to European soldiers in their liability to cholera, but also in their general rate of mortality. The average mortality amongst European troops in Bengal, from all causes, during the twenty-one years 1833 to 1853, was 63 per 1000 of the strength per annum; amongst prisoners in gaols during the same period, 61 per 1000 per annum; amongst the native troops during the twenty years 1833 to 1852, 14 per 1000 per annum.

Commenting upon the close approximation of prisoners in gaols and the European soldiery in their liability to cholera and in the general rate of mortality, the Commissioners who signed the report point out that the sanitary condition of the gaols is usually incomparably better than that of the towns and villages. The conservancy arrangements are generally excellent, and every possible care is taken to preserve perfect cleanliness throughout the whole of the buildings. The diet of the pri-

soners is described as deficient in variety, but superior in most respects to that of the native population. Further, the Commissioners point out that the prisoners are the only class of the native community who live under conditions which at all resemble those of the European soldier. They are brought together in barracks, and latrines are always provided for their use. These, it is said, are kept clean, and offer in this respect a complete contrast to those of our military stations. The native troops, on the other hand, who suffer, comparatively speaking, so little from cholera, live generally in small separate huts, and hardly ever in barracks, and latrines are seldom provided for them. There are, doubtless, other causes which operate in the case both of the European soldiers and the prisoners to make them more than commonly liable to the attack of disease generally; but, upon the whole, the Commissioners think the facts that have been ascertained tend to render it probable that the peculiar susceptibility to cholera greatly depends in both cases upon the special manner in which the men are congregated together.

Subsequent investigations into the internal condition and regulation of Bengal gaols seem to show that these are by no means so satisfactory as the words of the Commissioners convey, and that their sanitary state more closely approaches to that of European combatants (as made known by the recent Royal Commission) than might at first, from the brief description given, be supposed. Indeed, there may be certain points of comparison between native residences and gaols favourable to the latter; but the probability is that the gaols possess all the evils peculiar to British stations and some peculiar to themselves.

Mr. John Strachey, the president of the recently formed Bengal Sanitary Commission, and president of the late Cholera Commission, thus describes a room in the Calcutta House of Correction:—

"The only means of ventilation were afforded by a window with an iron grating at one end of the room. In front of this window, and in the open ward, were placed porous earthenware vessels, without any covers, which were used for necessary purposes. These vessels became so filthy that many prisoners are unwilling to use them, and the result of this and of the little care taken in cleansing the vessels is that the whole floor, which is paved with brick, has become perfectly saturated with filth to a distance of some yards from the window; and, as before stated, the only fresh air that can enter the ward must pass over this filth before it can reach the prisoners."

The medical officer of the gaol told Mr. Strachey that "the atmosphere of the hospital is such that no one ought to get well in it." The stench from the latrines fills the place. There is a sort of sewer which discharges itself into the streets, and with regard to this, Mr. Rayner, Executive Engineer, says, "If Calcutta were the cleanest and healthiest place in the world, that sewer alone would generate enough disease to sicken the whole country. What its condition must be in hot weather is fearful to contemplate." And again this officer says that the gaol "has impregnated the earth round it, until a stench arises which reaches the cathedral." The gaol was intended for 460 prisoners, but at one time 700 were confined in it. "I have seen many gaols," says Mr. Strachey, "in many parts of India, but of all that I have ever seen those of Calcutta are incomparably and in all respects the worst constructed, the worst managed, and the most filthy. I believe, too, that they are the only gaols in the country which are practically left without any supervision."

With these facts before us it is not difficult to account for the approximation of the mortality of prisoners in gaols to that of European soldiers in the data already given. Moreover, we are prepared to find that the comparison of the Cholera Commissioners was unjust to the British soldier, and that the mortality of gaols far exceeds that occurring amongst the European forces. The annual rate of mortality amongst the troops in Bengal is given by the Royal Commission as 7·41 per cent. In the Surat gaol in 1861 the proportion of deaths to strength was 14 per cent., *exclusive* of cholera. In the North-West Provinces in 1859 the mortality was 10·73 per cent., in 1860 it was 14·32, and in 1851 13·67 per cent. In the Central Provinces in 1863 the rate was 11·41, taking an average of all the gaols, but in some it was much higher. Thus, in the Raepore gaol the proportion of deaths to strength was 23·66 per cent., owing partly to the outbreak of a cholera epidemic. At the Rawul Pindee gaol last year the rate was 13·12, and at Lahore 13·97 per cent.

ALLEGED ABDUCTION OF A NUN.

THE statement of Dr. Hearn, the Vicar-General, as to the mental condition of the Sister of Mercy lately removed from the Hospital of St. John and Elizabeth, Great Ormond-street, to Belgium, under circumstances which have given rise to much public comment, leaves no reasonable doubt respecting the lunacy of the unfortunate individual. It would appear that this lady, one of a sisterhood in the Commercial-road, was taken ill towards the end of August. She was under the care of Mr. Mahony, the ordinary medical attendant of the convent; and subsequently she was visited by Dr. Millar, the medical superintendent of the Bethnal House Asylum. These two gentlemen recommended the removal of the patient to an asylum, and certified that she was suffering from acute mania. So far the case is clear and straightforward. Doubt begins with what follows. It was determined that the patient should be sent to an asylum at Bruges. On the 6th September she was removed for a night, for convenience sake, to the Hospital of St. John and Elizabeth; and on the following day a lay sister, together with an attendant from Dr. Millar's asylum, took the patient to Dover *en route* for Bruges by way of Ostend. Her exclamations on the journey attracted attention, and led to the supposition that she was being improperly removed. Under whose authority was the patient taken from her home and sent from the country? Was it done under the authority alone of the lady-superior of the convent? Had the patient no relative upon whom this duty should have devolved? It is the want of any information upon these points which still causes doubt to rest on the public mind as to the fitness of the removal of an English subject from English soil. In the absence of certain particulars, and pending the inquiries which are now being made by the Home Office, it would be premature to express an opinion on the merits of the case. The Commissioners in Lunacy have long been jealous of the removal of lunatics from this country to the Continent. Doubtless they have just reasons for this jealousy, although these were not made known during the recent protracted Parliamentary inquiry concerning lunatics. In the meantime it is well to interpose a caution that the imaginations of novelists respecting Belgian asylums and the removal of patients thereto are not to be accepted as true delineations of actual or probable facts.

EUROPEANS IN AFRICA.

THERE is no region in the world which can be considered so unhealthy as the West Coast of Africa. On the continents of Asia and America there are spots as malarious as any mangrove swamp in Africa. But these, like the Pontine Marshes, are only dangerous to the traveller who passes through them. The resident can almost invariably find some healthier site in their immediate neighbourhood, if compelled to live in their neighbourhood at all. But it is a singular fact in medical geography that from St. Louis, Senegal, on the north, to Mossamedes on the south, there is not upon the sea-board a single healthy acre of ground: the whole western side of that vast continent is one hot-bed of disease.

On the rivers Senegal and Gambia, the common African fever is chiefly confined to the four months of the rainy season, being especially prevalent at the commencement of the rains and also at their end, when the sun begins to draw forth

vapours from the saturated soil. During the dry months the air is purified by the "Harmattan," a wind from the Great Desert, which produces pulmonary disorders in the natives, but which does not appear to afflict Europeans with any graver evil than languor and a general feeling of discomfort. But from a river called the Casemanche, a little south of the Gambia, to Benguela, which is a little south of San Paolo de Loanda, intermittent fever is a resident, not a visitor. Immense marshes, and forests which are greater still, fill the air with an eternal moisture—so much so that in Equatorial Africa, during the so-called dry season (i.e., during the three months in which no rain falls), the air is perceptibly heavy and damp, and fevers are even more common than during the rains.

In such a country as this, to which we send our soldiers and our sailors, and which we are making some faint efforts to civilize, it must be evident, not only to every medical practitioner, but to every person possessed of ordinary sense, that a sanitarium should be formed for the reception of invalids. In all cases of African fever, pure air is the grand restorative; in African dysentery it is the only one: "get away from the coast" is the advice which is always given by experienced medical practitioners to those who have fallen under this disease, the most dangerous of all. At present the only sanitarium is the sea; but though the sea-air is pure, a ship is but a poor hospital, and besides, it can only be accessible to few. Were it feasible, it would be best for each station to have its sanitarium at the nearest sanitary spot. But unhappily there is one quarter alone throughout the maritime regions of Western Africa where one finds near the sea mountains sufficiently high, and sufficiently free from the rich and fatal vegetation of the tropics, to afford complete immunity from the influences of malaria. These are the peaks of Fernando Po and the Camaroons, which in altitude and formation remind the traveller of the Peak of Teneriffe. Fernando Po is now a Spanish colony, and in March, 1862, yellow fever having taken 78 from a total of 250 white men, its Governor determined, as Capt. Burton states in his interesting work on Dahome, "to try the effects of altitude." A kind of infirmary was hastily run up in twelve days "on a kind of shelf over the village of Basile, about 400 metres above sea-level;" and so satisfactory were the results, that the present Governor improved upon the experiment by building a *maison caserne* "to accommodate soldiers not wanted for duty at Santa Isabel," and for the reception of invalids. The success of this experiment should induce Government to imitate that which it should have preceded. For "as far back as 1848," writes Captain Burton, "the late Captain William Allen and Dr. Thompson, of the Niger expedition, proposed a sanitary settlement at Victoria on the Camaroons mountain, a site far superior to Fernando Po." And he adds that "a few thousands spent at Camaroons, or Fernando Po, would, calculating merely the market value of seamen's lives, repay themselves in as many years." In "Abbeshuta and the Camaroons," a work written by the same distinguished traveller, a detailed account of this site will be found, and a perusal of these works will, we think, convince the reader that but two courses are open to the Government—viz., either, as Mr. Winwood Reade proposed in a letter which he addressed to *The Times* (June 22nd), to withdraw our troops from this coast, where they appear to be of very little use, or to adopt some better measures for the protection of their lives.

THE LLEWELLYN MEMORIAL.

HERBERT LLEWELLYN will not be forgotten. The brief narrative of his life and career which appeared in THE LANCET of June 25th has inspired feelings of profound admiration, and regret at his untimely fate. In the churchyard of his native village a monument will be erected to his memory by those who knew him in boyhood, and appreciated his qualities as a man. In the hospital of which he was a student a fitting memorial will be raised. On the banks of the Hooghly—that portion of her Majesty's dominions connected with so many deeds of usefulness and heroism of English surgeons—a tribute to the gallant surgeon of the *Alabama* is also to be raised. The last mail from India brings us the gratifying intelligence that his brethren in Bombay are about to follow the good examples that have been set them. We reprint the following, proud to observe the distinguished auspices under which the memorial fund is initiated:—

"LLEWELLYN MEMORIAL FUND.

"COMMITTEE IN BOMBAY.—Dr. F. S. Arnott, C.B., Inspector-General of Hospitals, Bombay Army; P. Gammie, Esq., Deputy Inspector-General of Hospitals, British Troops; Dr. W. C. Coles, Surgeon, Bombay Army (Hon. Secretary); W. G. Hunter, Esq.,* Surgeon, Bombay Army; Dr. G. C. Birdwood, Assist.-Surgeon, Bombay Army; Dr. T. Diver, Surgeon, Bombay; Dr. Sidney Smith, Surgeon, P. & O. Co.'s Service, Bombay.

"Following the example which has been set in England and Bengal, a committee has been formed at Bombay for the purpose of collecting subscriptions to aid in raising a tribute to the memory of the late David Herbert Llewellyn.

"The circumstances under which the surgeon of the *Alabama* perished on board ship in the discharge of his duty are generally known. His heroic conduct in nobly sacrificing his life, rather than imperil the safety of the wounded men under his care, has excited universal admiration.

"To mark their appreciation of the heroism and devotion to duty displayed by this noble-minded English surgeon, the committee confidently appeal to the members of the medical profession in this Presidency. They propose to leave the form of their memorial for future consideration, but will gladly avail themselves of any suggestions that may be offered.

"The committee trust that in seeking to commemorate an act of such almost unexampled self-devotion there will be a unanimous expression of professional feeling.

"Subscriptions will be gratefully received by any member of the committee, or at the Bank of Bombay."

Rarely, indeed, is it that the virtues of our brethren meet with fitting honour. Under the "cold shade" of an iniquitous system their services are ignored, and their deaths recorded in a single line of a gazette. In spite, however, of this depressing influence, there are those who, sympathizing with gallant deeds and acts of self-devotion, will snatch their names from oblivion.

THE DIGNITY OF CHIROPODY.

RIGHTLY or wrongly, it has always been held that *corns* were a subject not to be lightly touched upon. No malady is more general, none of so seemingly trivial a nature induces so much suffering. Few escape the evil at all periods of life, few evade the chronic martyrdom to which it gives rise. Measured by extent of prevalence this ailment must rank amongst the commonest ills—if, indeed, it be not the commonest ill—to which civilized humanity is subject. Measured by degree of suffering—but, alas! it is in vain for the imagination to attempt to compass the anguish engendered by corns. Neither the frequency nor the painfulness of the malady has, however, secured for it that sympathy or professional attention which it might seem to deserve. By common consent it has been consigned to the limbo of pathology. It is understood that a corn is a thing to be ashamed of, and not to be confessed except under dire necessity. This would appear to be an instinctive protest of man's moral nature against that overweening vanity of which the ailment is, unhappily, a direct result. It matters not what degree of debasement the nobler passions of humanity may have undergone, this involuntary acknowledgment of "the general rote of all harmes" (as Chaucer writes of pride) is rarely altogether destroyed. Thus it happens that the sufferer from corns seeks relief mainly in the byways of physic. After the fashion of the Levite of old, legitimate medicine is apt to pass by the sufferer on the other side.

But let the corn-stricken take heart. The epoch of false or compelled modesty is drawing to a close, and the dignity of

* Ex Charing-cross Hospital.

corns is about to be proclaimed upon the house-tops. There had long been a certain philosophic consolation in the fact that the great author of the "Novum Organum" had not thought it beneath his wide-grasping mind to point out the meteorological capacities of corns. But this did not suffice to secure them such social distinction as might befit their prevalence and sensitiveness, if not their origin. With a pleasing regard to the concatenation of things, this desideratum is now happily derived from the United States. The fundamental principle of the republic is to be extended to pathology, and all diseases whatever are to be esteemed of equal social status. With a noble appreciation of this bold doctrine, which, whatever judgment may be formed of his policy and rule, must secure to him the admiration of after-ages, President Lincoln has appointed a "Chiropodist-in-Chief" of the United States army! The gentleman who rejoices in this lofty-sounding title is a Dr. Isaacher Zacharie, of New York. His distinguished position, and the President's philosophic recognition of the unity, equality, and fraternity of diseases, might (so modest is true greatness) have been lost to the outward world but for a recent "difficulty" in New York in which the Chiropodist-in-Chief was concerned. He had a partner, one Samuel Barnett. The partners quarrelled. Barnett imported a revolver into the dispute and shot Zacharie through the jaw. If this incident tends to lower the newly-obtained dignity of corns and chiropody, it must be borne in mind that the debasement of ages cannot be cast aside in a single day. Let it suffice for the present that the United States army rejoices in a Chiropodist-in-Chief, who holds rank by special edict, and who has been given over to the unrestrained devices of military tailors.

A HISTORY AND A MORAL.

AT the present time, when the authorities at the Horse Guards are using every effort to insult and degrade the medical military service, the following extract from *The Times* is not without significance. Dr. Milroy belonged to that class of men who have done so much and so nobly for their country; and yet he is one of those who find no favour with those in power, and who are to be succeeded by what are called "acting assistant-surgeons." Is it possible for the Medical Department of the Army to sink to a lower abyss?

"THE LATE DR. MILROY.—The name of this excellent young officer is now added to the melancholy list of those brave men who have fallen at Bermuda in the discharge of their humane but extremely perilous efforts to stay the progress of a terrible visitation. His career has been comparatively brief, but marked by devotedness to his country's service and distinguished eminence in the studies belonging to his profession. He entered the army at the outbreak of the war with Russia, and continued throughout all that memorable campaign. Bravely did he fulfil his duties in the battles of Alma and Inkerman under the fire of the enemy, and in the trenches before Sebastopol; for which services, in addition to the Crimean and Turkish medals, he was decorated with the Order of the Medjidie. On the termination of the war, he continued with his regiment in Ireland, the Mediterranean, and for the last three years in Canada, where he is well known and has left many devoted friends. To his fellow-officers he was greatly endeared by his gentleness of manner, fine cultivated taste, high honour, and genial disposition, while the private soldiers of the 30th Regiment held him in affectionate veneration for his unwearied efforts to advance their comfort and intellectual and moral improvement."

MORTALITY IN LONDON DURING THE LAST QUARTER.—Eighteen thousand and eight persons died in London during the quarter ending on Saturday, October 1st. In the corresponding quarters of the years 1860–63, the numbers of deaths registered were 12,916, 14,932, 15,133, and 17,105 respectively. Zymotic diseases were fatal to 6421 persons, being more than one-third of the total number. Diarrhœa caused 2080 deaths; small-pox, 140; phthisis and other diseases of the respiratory organs, 3632. During the quarter the births of 12,855 boys, and 12,100 girls, in all 24,955, were registered in London.

Correspondence.

"Audi alteram partem."

CLINICAL TEACHING.

To the Editor of THE LANCET.

SIR,—Your correspondent, Dr. Anstie, hits the right nail on the head when he says that clinical teachers should be paid for their trouble. So long as both the instruction and attendance are regarded as matters of course, and certified by the surgeons collectively in favour of every student who pays his fee for admission to the hospital, it would be vain to expect anything better than the present system of sham.

In Edinburgh clinical instruction is more highly remunerated than any other department of medical tuition; since, the fees being the same for all, while the clinical lectures are delivered only twice instead of five times a week, a student pays two shillings for each of them, and not more than tenpence for any one of the others.

If reform is really desired, it should be founded on the concentration of responsibility and the adequate remuneration of service rendered.

I am, Sir, your obedient servant,

Edinburgh, Oct. 10th, 1864. JAMES SYME.

THE BRITISH MEDICAL ASSOCIATION AND ITS WEEKLY PRINT.

To the Editor of THE LANCET.

SIR,—If, as I venture to hope, the profession may look to you for continued assistance in an endeavour to defend the members of the British Medical Association from the selfish tyranny of their *Journal*, I think you will not refuse to lay before your readers a recent illustration of the manner in which that journal is conducted, and a few observations upon an alliance by which it seeks to prolong its feeble existence.

In THE LANCET for Sept. 24th you did me the honour to insert a letter containing some suggestions about the kind of publication that the British Medical Association might advantageously support; and in the *Journal* for the following week the editor stated that "A Member of the Association," referring to my letter in THE LANCET, "asks Mr. Carter if he be really a fit and proper member of the Association?" The editor then, on his own responsibility, added a falsified version of the last paragraph of the letter, and appended to this version some characteristic observations. In reply I wrote to him as follows:—

"Sir,—In the *Journal* for the 1st instant, your correspondent, "A Member of the Association," asks me a question, to which he expects, I suppose, some kind of reply. I beg leave to say, that if he will publish his name, and if he will inform me what qualities or conditions are essential to a fit and proper member of the Association, I will give early and serious consideration to the curious point that he has raised, and will inform him of the decision at which I may arrive.

"I should here close my letter had you not again misquoted me. Between inverted commas, and therefore distinctly as a quotation, you put in a parenthesis the words 'that is, the editor and his crew.' These words are an interpolation of your own, the authorship of which I am anxious publicly to disavow. Excepting in poetry, or in the compositions of writers who describe accidents and offences at the rate of a penny a line, the word 'crew' is only used to denote the persons employed in navigating a vessel. In the literature I have excepted, it is used (out of its proper signification) only as a term of reproach.

"The principle that a journal is *impersonal*, so that its opinions may be impugned without any reflection being cast upon its conductors, forms part of the very alphabet of literary controversy. I hold the opinions of the *British Medical Journal* in detestation; and I think that the continued issue of any weekly print, either good or bad, must be fatal to the power and influence of the Association. But in the editor, and in those who share his labours, I recognise gentlemen who hold objectionable opinions in sincerity, and who defend them to the best of their ability. I should never dream of referring to

these gentlemen otherwise than in terms of respect and courtesy; and if I had to speak of them at all, I should say 'the editor and his *staff*,' not 'the editor and his *crew*.'

"I wrote in THE LANCET 'devoted to the expression of unworthy sentiments, *in* illiterate *or* unwarrantable language.' You have misquoted me as follows—'devoted to the expression of unworthy sentiments, *or* illiterate *and* unwarrantable language.' My words are good English, and convey a meaning. Your misquotation is bad English and absolute nonsense. We express sentiments *in* language, but we do not 'express' language itself.

"It is rather curious that a few lines in your last issue should thus contain examples of three of the faults I have lately charged against you. In the first place there is the fact of the misquotation itself; then there is the fact that this misquotation is distinctly illiterate; and lastly, in 'the editor and his crew' there is a fair specimen of a style that I conceive to be unwarrantable."

The above letter of course was rejected, because it was the expression of a free and independent member; but the editor, after receiving it, inserted a statement in his "Notices to Correspondents" to the effect that he had quoted me at second-hand from the *Journal of British Ophthalmology*, and that the words 'the editor and his crew' had been interpolated by the conductors of that publication. Misquoting is a habit nearly allied to one which is said to require the guidance of a good memory; and I am sorry to have to mention that, although they both misquote, the misquotation of the weekly journal differs from that of the quarterly one.

The *Journal of British Ophthalmology*—the new ally of the *British Medical Journal*—has just sprung into life under the editorship of Mr. Jabez Hogg. He is also, it is said, connected with the *British Medical Journal*; and each publication evinces a lively sense of the merits of the other.

In this new journal an editorial attack is made upon me of a kind to which I am desirous to call your attention. I am loth to trespass upon your space with the concerns of so humble an individual, and I cannot profess to care about Mr. Hogg's ungrammatical vituperation. But it surely cannot be for the public good that personal vituperation should become a power in medical literature; and I am, therefore, desirous to call Mr. Hogg before the bar of professional opinion. I seek to obtain a verdict upon the question how far such language as his can be justified, either generally or under the particular circumstances of his alleged provocation.

Mr. Jabez Hogg is known to those who read advertisements as the author of a book "On the Ophthalmoscope;" and this book was reviewed six months ago in the first number of the *Ophthalmic Review*. The opinion there expressed was an unfavourable one; and Mr. Hogg appears to believe that it proceeded from my pen. Under this belief, in his "Notices to Correspondents," after attacking Mr. Laurence, one of the editors of the *Ophthalmic Review*, Mr. Hogg proceeds:—

"In our case, it appears, he hired a Mr. R. B. Carter, of Stroud, to pen the virulent attack. Of this person (Carter) we merely wish to remark, for the information of our readers, that he looks upon himself as 'the coming man,' destined to regenerate a venal press. In a late effusion, he takes especial delight in freely bespattering with his native dirt, writers, reviewers, and editors; and, bursting with vain conceits of his own greatness, seeks to astonish the poor Londoner with what would appear, to our poor minds, a wild and Utopian scheme for making a model editor and model writers for a model journal of his own—such an one as the world never before saw. This, of course, involves the putting down of all existing rivalry, *which* (*sic*) he feels quite equal to, and right valiantly calls upon the members of the British Medical Association to help him 'wipe away their foul blot.' Although his style smacks strongly of *bunkum*, we give him all the benefit of our circulation, not simply in directing the attention of our readers to *it* (*sic*), but by reproducing the concluding paragraph of a communication which it would be impossible to match for bombastic impertinence, even in a nice young man from the 'west countrie.'"

There follows an inaccurate version, broken by polite comment, of that passage from my letter to THE LANCET of which mention has already been made.

It is wholly immaterial, I apprehend, whether I wrote the review in question or not. At all events I approve of most of it, and would far rather be supposed to have written it than to have written the volume to which it refers. I have never heard that, either by Mr. Hogg or anyone else, the essential truth and justice of the review have been for one moment disputed, or that its accuracy has been in any way impugned. It exhibits Mr. Hogg's knowledge of his subject generally, as well as of English, French, German, Latin, optics, and pathology, by quotations from his own pages, which are mostly left to tell their own tale. The reviewer evidently considers it a grave moral offence for any man to publish a book on a subject of which he is profoundly ignorant; and thinks this offence not lightened when the subject is one of much importance to a large number of persons, and when the position of the author is calculated to produce in the minds of the uninstructed an unfounded confidence in his ability and knowledge.

Mr. Hogg, in effect, raises the question whether it is ever justifiable to review a book unfavourably; and this question should be answered by the profession. I dismiss from consideration the nature of the language he employs, and the doubt I feel of his fitness for the office of *censor morum*. These matters are foreign to the real issue; and Mr. Hogg does not seem to be sufficiently a master of English to express displeasure otherwise than by abuse. I put the question in its simplest form. Somebody criticizes Mr. Hogg's book, and Mr. Hogg, without attempting to show that the criticism was unfair or unjust, directs a volley of hard words at the head of its supposed author. Is he asserting a moral right, and defending himself, however unskilfully, against an improper aggression; or is he like a man in a police-court who flings his boot at the head of the committing magistrate?

I am, Sir, your most obedient servant,

Stroud, Oct. 10th, 1864. ROBERT B. CARTER, F.R.C.S.

To the Editor of THE LANCET.

SIR,—Of all styles of argument the *tu quoque* is often the most crushing. When the editor of the *British Medical Journal* insinuates that your opposition to that publication is one of *£ s. d.* he forgets that the same charge may be brought against himself, and that his peculiar mode of warfare may spring from a strong desire to retain or make as much as he can out of the funds of the Association.

Now I do not make this charge. My opposition is not against Dr. Markham, whose name is favourably known to me in medical literature, and whom, from the impression made upon me in the only personal interview I ever had with him, I have always looked upon as a gentleman, and, as such, far above any feeling of corrupt or even revengeful nature.

My charge, however, is against the editor of the *British Journal*. I state that upon a question of great public importance he took a one-sided and, I believe, a most pernicious view; that he suppressed, without assigning any reason, my own answer to such views (nor did I at the time see any other communications differing from the statements of the editor); and the impression made on my mind was that such opinions were advocated for party purposes, and that the *Journal*, as the organ of a great body of medical practitioners in the kingdom, might be quoted by the "Abolition of Death Society" as supporting their views.

Such being my opinion, two courses were open to me: either to resign my membership of the Association, or be accused of disturbing the harmony of the meeting by bringing forward the question at the annual gathering. I chose the former alternative; and I now again reiterate that I did right, and that the circumstances are such as must utterly condemn the existence of a *Journal* carried on upon such principles.

The editor of the *Journal* has thought fit to charge me in an obscure corner of his obscure publication with having written my communication in "unbecoming language," and of being guilty of "rash statements." During the last two or three days a correspondence has been placed in my hands in which the remonstrance of another member of the Association upon another subject was met by the editor with a similar kind of paragraph. I find, however, in this correspondence that the editor of the *British Journal* was obliged to withdraw the statement privately, although I searched in vain for a public retractation or apology. As I do not write *privately* to public men on matters public, I am not likely to get a private retractation; and it was the consciousness of this which made me style that paragraph as "impertinent" and "untrue"—expressions, though strong, quite excusable by the provocation.

Now, Sir, I contend that all this apparent personality has a great deal to do with the medical profession as a body. We have here a large society, numbering some 2500 members, which spends £2700 in one year upon a *Journal* which is not the organ of the Association, but of its editor. I simply suggest that this £2700 might be better spent in justice, charity, and science; and I am met—not with argument, not

with justification, not with proof that I am wrong—but with unmeaning, rude, personal, impertinent innuendo, and a full dose of those mephitic vapours which rise from the filthy puddle of anonymous scurrility.

In days gone by, in the days of Crosse of Norwich, Soden of Bath, Paget of Leicester, Martin of Reigate, Budd of Bristol, and a host of others,—in the good old days when the Association was provincial,—its tone and character were very different from those which mark it now. In those days, it will not be egoism for me to say, I worked willingly in the good cause. I worked on the *Journal* Committee then, and hence, I presume, the present editor's unworthy effort to transfer his own case to that of "other days." I worked also on the Committee which produced the changes of late times and the passing of the Medical Act; and I may, therefore, I think, be allowed to have some knowledge of the real wants of the profession. I again say, and I do it most emphatically, that such wants are not met by peripatetic annual gatherings or by the publication of a *British Medical Journal*.

The opinions of those who have kindly favoured me with letters upon the subject seem to lean rather to retain the organization of the present Association and endeavour to get rid of the *Journal*, than to form a new one. *So be it.* I have no feeling but that of benefiting my professional brethren in the matter; and can only treat anonymous communications with the contempt they deserve. If the members of the profession generally are satisfied with the *status in quo*, again I say *so be it.* But I warn them against resting in a false security. I say that justice calls out loudly against cruel and ruinous prosecutions; that charity points out the widow and the orphan—it raises sternly its finger to the man who from hard work is struck down with paralysis, and his wife and children reduced to beggary; and that science, pure and noble science, may be seen looking over the pages of the Association *Journal*, and that her brow is deepening red with the blush of shame, indignation, and contempt.

I am, Sir, yours truly,

Colchester, Oct. 8th, 1864. C. R. BREE, M.D.

To the Editor of THE LANCET.

SIR,—I am a member of the British Medical Association, and beg most respectfully to second the proposition of "East Anglia" in your issue of September 1st. I agree with every word contained in his valuable communication. I have always been an advocate for a yearly volume of "Transactions," and for turning the surplus to some benevolent use, such purposes as proposed by "East Anglia" and some others who have written about the same subject lately. Why let a paltry fourth-class journal absorb so much money? All the news contained in it is a week, and sometimes several weeks, older than that of your valuable journal. To illustrate the manner in which their weekly print is managed, pray turn to the abstracts of Professor Fergusson's lectures at the College of Surgeons. What use were such abstracts when compared with your own report of the Professor's valuable hints and suggestions? I say, on this occasion view the contrast. I am happy to say I subscribe to THE LANCET, and must confess I should be very deficient in the medical topics of the day were I only to read our Association *Journal;* it is a wretched abortion, and I hope most sincerely that the subject will now be well ventilated.

Please draw the attention of the members to the importance of voting by proxy if anything like a ballot in this affair appears probable, and oblige, Sir,

Your old correspondent,

September, 1864. M.

THE PERSECUTION OF DR. GOSS.

To the Editor of THE LANCET.

SIR,—I am quite willing to admit that Dr. Gervis acted to the very best of his ability throughout the entire case in which I was so unjustifiably accused. Dr. Gervis seeks, as it were, to justify the post-mortem examination in my absence by stating that it was made by Mr. Bolt, "a gentleman personally unconnected with the case." This is simply untrue, as your readers will at once perceive from the following quotation from Mr. Llewellyn's letter: "*In fact, from what was said in the neighbourhood prejudicial* to myself, and the observation that one doctor ought not to screen another, and the like, I requested my partner to state the case to the deputy coroner, who thereupon said there need be no inquest." Does not this show the reason of the inquiry? Does it not account for the animus displayed in the entire business? Is not Mr. Bolt "*personally connected* with the case," and was he a fit and proper person to conduct the autopsy of a patient who died under the care of his partner, "whose character had been prejudiced in the neighbourhood"? Is this Dr. Gervis's excuse? "It is an ill bird that fouls its own nest."

Then again, Sir, what does Mr. Llewellyn *mean* when he says, "I was brought face to face with certain facts"? What were they? Does he dare to state that he had any reason for attempting to screen me, when from his own showing on oath at his *third* examination I could not have been guilty of Mrs. Brazier's death? Upon what principle does he base his opinion that "the presentation had not altered for a considerable time"? Is not the whole tone of his letter a vague hinting at my criminality? Why, Sir, this is more cowardly than ever. But after this I need not ask why the inquest was *pressed* on after the opinion of the deputy coroner.

Then, again, Dr. Gervis seeks to justify his undecided opinion, and quotes the reprimand of the coroner. *Incidit in Scyllam, qui vult vitare Charybdim;* for if his answers had been as straightforward and clear at the inquisition and grand jury as they were when extracted from him at the Old Bailey, when in the presence of the eminent medical witnesses who could detect his discrepancies, I had not been subjected to the indignity of a criminal prosecution, nor to the expense and annoyance of defending myself against a charge of manslaughter. Dr. Gervis's evidences were substantially dissimilar; and I say, without fear of contradiction, that if this gentleman had acted as he should have done, he would have *at once* discountenanced the post-mortem in my absence or that of my representative, and at the coroner's inquiry would have spoken out plainly and decidedly whether I did "kill and slay" Elizabeth Brazier or not.

I am, Sir, your obedient servant,

24, Newington-place, Oct. 1864. SAMUEL DAY-GOSS, M.D.

To the Editor of THE LANCET.

SIR,—I have watched with great interest the reports of the case of Dr. Goss, but hitherto I have heard but one side of the matter. At the inquest, from the unprepared and sudden manner called upon, Dr. Goss had no chance of vindicating his character; at the trial the judge cut short the proceedings before one word had been heard for the defence; consequently Dr. Goss has been prevented explaining his portion of the transaction. Sir, it has occurred to me that this case should be investigated by the Obstetrical Society of London, that body being the natural tribunal before which questions of obstetric ethics ought to be decided; and seeing that Dr. Goss has been so grossly injured by being prevented from placing truthfully his share of the case before the profession, I beg to suggest, through your columns, that instead of a prolonged paper war, this case should be heard at a meeting of the Obstetrical Society.

Believe me, Sir, faithfully yours,

JAMES PALFREY, M.D.

Wellington-street, London-bridge, Oct. 1864.

THE MEDICAL ACT AND THE MEDICAL REGISTRATION ASSOCIATION.

To the Editor of THE LANCET.

SIR,—Your able leader on the Medical Act and the recent decisions bearing on certain of its clauses deserves the hearty and warmest thanks of the profession. I have no doubt it will do considerable good, and raise a hope that, after all, this Act may be made to fulfil the intention of its framers, and benefit the public on the one hand, and the medical profession on the other, by affording protection to both against the unqualified and dishonest pretender, who may be met with in almost every street of this metropolis.

Your excellent digest points to a way of clearing future proceedings from many doubts and difficulties which have encumbered nearly all the prosecutions undertaken under the 40th clause of the Act—a clause which hitherto appears to have puzzled and confounded lawyers and judges,—and induces the belief that its true legal construction has never been fairly tested. This belief is certainly strengthened by a recent decision of the learned magistrate, Mr. Paget, in a case reported in *The Times* newspaper on the 30th ult.; and if we may venture to look upon it as upholding the penal character of the clause of an Act of Parliament, the efficient operation of which, it was expected, would confer as much benefit upon the public

as upon the profession, then shall we have reason to rejoice over this case, although considered to be one of less importance than the majority of such. But we learn a lesson even from this case, that it is of very little use for private practitioners to come forward unaided as public prosecutors. This matter must be taken up by a public body, who will show that their proceedings are based, not on private interests merely, but on the public good. The National Medical Registration Association must once more marshal its forces and see what can be done, and, if thought advisable, submit the question to the highest legal authorities, and again test the validity of the 40th clause. I know it is pretty generally believed that this society is virtually defunct, but this is not quite the fact; all its machinery is still in existence, and can, it is believed, be called up for service at any moment. It is so far true that the society came to a standstill after the decision given in the case of Ladd *v.* Gould, because it was then generally thought that the 40th clause had proved a complete failure. The members of the Association therefore came to the conclusion that it was useless to proceed with other prosecutions before an amendment of the Act was obtained from the Legislature. But if it can be shown that Mr. Paget's reading of the Act is the right one, no doubt exists in my mind that the profession will once more come forward in support of the National Medical Registration Association. That this Association in former times rendered the profession important services there can be no question; and if it has not attained to all that was hoped and expected, that was due to the legal impediments thrown in its way, to the apparent break-down of the Act, and to the means placed at its disposal, rather than to a want of effort on its part. It is a matter much to be regretted that its members withdrew their subscriptions, and left its treasurer and committee with a considerable debt to pay off. However, that debt, by the exertions of Mr. Lavies and his friends, has been reduced to a small amount; and now it is in contemplation to give the members an opportunity of arriving at a calm and deliberate choice as to the future of the Association; and I hope they will be prepared to say it shall be made as efficient for protecting the interests of the medical profession as the Law Society is for the legal. This, it is believed, will best be accomplished by first showing an appreciation of the very valuable and important services which our much-respected treasurer, Mr. Lavies, for so long a period, through evil and good report, rendered to the Association; and it is proposed—and this proposition has met with the cordial approval of Mr. Fergusson, who immediately consented to take the chair—to invite him to a public dinner, when it is expected every member will avail himself of the opportunity of showing respect for one who so generously bestowed his time and energies, as well as his money, in their service.

I am, Sir, your obedient servant,

ONE OF THE WORKING COMMITTEE OF THE NATIONAL MEDICAL REGISTRATION ASSOCIATION.

Oct. 1864.

THE VICTORIA CROSS.

To the Editor of THE LANCET.

SIR,—The announcement made in the *London Gazette* of the 23rd inst., that her Majesty had graciously conferred the Cross of the Order of Valour upon two regimental assistant-surgeons "for distinguished bravery on the field in New Zealand," will be accepted by the profession at large as a sign that her Majesty's advisers are not regardless of the estimation in which medical officers are held by their companions in war service.

At the present moment this occurrence is very opportune, as it may tend to revive that military *esprit de corps* amongst our junior medical officers, which has lately undergone such perilous shocks in the harsh treatment dealt to our class by the Horse Guards in the withdrawal of those privileges granted and confirmed by her Majesty's Warrant. On the revival of this love for the service on the part of those engaged in it we can alone rely for a renewal of military aspirations in the medical schools sufficient to fill the vacancies in our service with assistant-surgeons of such a stamp as combatant officers elect to associate with and to place confidence in on similar occasions. These are but fresh instances in proof that the medical officer is so situated on the field of battle that uncommon opportunities offer themselves to him for the performance of acts requiring steady courage and cool determination, which, it will be admitted, are military qualities not inferior to the most brilliant dash shown in the first onslaught when success seems certain. Advancing with the actual combatants, he is in personal danger from the first; he shares equally in the pride and glory of success, but more rarely in the honours consequent on it. Should, however, the tide of conflict be reversed, then, amidst the panic of repulse, when danger to individuals on the open field increases, it may fall to him to display the higher qualities of the soldier by advancing to the rescue of those who have fallen. That medical officers are ready to step forward on such occasions in the cause of humanity, these and former similar instances of honours awarded will certify.

While priding ourselves on the men whose distinguished acts have been thus published by supreme authority, the profession should pay its tribute of respect to one of its own, Mr. Phelps, who, having distinguished himself as assistant-surgeon of the 57th Regiment in the assault on the Redan on the disastrous 18th of June, so much as to be mentioned in the dispatches, subsequently accepted a combatant commission in his regiment. He fell mortally wounded leading to the assault of a New Zealand pah those gallant fellows to whom he was doubly endeared by Crimean recollections. Were it not for the obstinate tenacity of red-tape, it might be almost hoped that these facts, gathered in the narrow field of a New Zealand war, would be abruptly fatal to that bureaucratic prejudice which denies to medical officers anything beyond cold affiliation with their relative combatant grades in the army, and thus deprives them of their social status in camp, inducing discontent and misunderstanding where cordiality and perfect accord should exist for the advantage of the service. Although the proportion of Crosses awarded to our profession in this New Zealand war is remarkable, yet it is somewhat strange that they have fallen exclusively to one arm of her Majesty's service engaged there. All of us conversant with the facts have a vivid recollection of the gallantry displayed by a naval assistant-surgeon, who was officially reported by his commodore for his "attention to the wounded under fire, and for advancing to the ditch close under the enemy's parapet, exposed to a heavy fire, in order to ascertain the state of an officer who had fallen wounded, and been left in the ditch." It would have added much to the gratification of all who have been at any time serving in this war, had the bravery of that young officer met with equal recognition; and it is still to be hoped that the naval authorities, in order to maintain an equality of the navy with the army in the medical schools during the existing dearth of candidates for either service, will not suffer this occasion to pass without exerting its powerful influence to show that the young medical officer has the same chance of distinction, and the same regard of his claims to honours, whichever branch of the service of the Crown he may enter.

Begging your insertion of this in the columns to which the medical officers of her Majesty's service universally acknowledge great obligations,

I am, Sir, your constant reader,

October, 1864. PODALIRIUS.

MEDICAL EDUCATION.

To the Editor of THE LANCET.

SIR,—I am desired by the Medical Committee of the North Staffordshire Infirmary to forward to you the enclosed memorial, addressed to the General Council of Medical Education; and to request the favour of its insertion in THE LANCET.

The address was sent some time since to the Medical Council, but no reply has been received.

I am, Sir, your obedient servant,

W. DUNNETT SPANTON.

North Staffordshire Infirmary, Etruria, Stoke-upon-Trent, August 3rd, 1864.

To the General Council of Medical Education.

Gentlemen,—We, the undersigned, the medical officers of the North Staffordshire Infirmary, being impressed with the defects and the injurious consequences of the present prescribed scheme of medical education, beg leave to call the attention of the Medical Council to those parts of it which in our opinion most urgently need revision.

In the first place, with reference to the hospital attendance required from students of medicine, we consider that undue and unfair preference is given to the hospitals of the metropolis and of other large cities in the United Kingdom in which medical schools are instituted; that this preference is prejudicial to the interests of other hospitals, and is accorded on no clear and sufficient grounds, so far as regards the opportunities and facili-

ties afforded to students for clinical instruction, and the practical study of disease; and that generally, the partial recognition of certain hospitals or infirmaries not connected with medical schools is likewise regulated by as satisfactory principles, but made amenable to restrictions having no ascertainable bearing upon their capacity for educational purposes.

We also entertain the conviction that the lengthened attendance on, and the numerous courses of, lectures prescribed for students, involving several years' residence in the metropolis, or other large town, at a very great cost to their relatives, are requirements wearisome and unprofitable to the students themselves, and not calculated to form a class of practitioners suitable to the exigencies of ordinary practice. On the other hand, we believe that medical education commenced by apprenticeship to a medical practitioner, particularly to one connected with a public charity for the sick, constitutes the best preparation for the formation of a good practitioner, by teaching habits of self-reliance, and by affording opportunities for acquiring much preliminary knowledge in the collateral branches of medicine, in the use, administration, and dispensing of drugs, and in those general details of practice not otherwise to be learned, though essential to every medical practitioner.

The present system of education operates with injustice upon the general medical practitioners, and especially on those in the provinces, by rendering it very difficult for them to obtain pupils, even in instances where ample opportunities for practical study can be afforded, and by depriving them thereby of a source of income to which they feel themselves justly entitled. Moreover, it is found that those educated according to the present scheme in force, without preliminary apprenticeship, not excluding those who, having greater pretensions and high testimonials from their schools, are elected as house-surgeons of hospitals and infirmaries, by no means excel in practical knowledge, and often exhibit an incapacity in that matter, which could not occur had their training been of a more practical kind. Further, the concentration of students in certain great cities of the kingdom, for the purposes of study and practice at their hospitals, deprives provincial infirmaries of that amount of assistance necessary to the efficient carrying out of their benevolent objects, and gives undue importance and medical status to those particular hospitals connected with medical schools. This serious evil, moreover, must increase if the present educational requirements be persevered with.

It is, however, well deserving serious consideration, whether provincial hospitals, especially those in large manufacturing towns, do not offer greater facilities to their pupils and dressers for acquiring an intimate and practical acquaintance with the treatment of disease than can the thronged hospitals connected with schools, and where too the pupils' minds are distracted by the multitudinous subjects they are compelled to attend lectures upon. In the infirmary from which we write nearly as large a number of cases are under treatment, and as many operations performed in the course of the year, as in some metropolitan hospitals: the work therefore presses heavily upon its medical staff, the number of pupils obtained being very small and inadequate, owing to the practice of the institution and the time spent in its wards being unrecognised by those who regulate medical education.

In conclusion, we respectfully solicit the attention of the Medical Council to the following suggestions:—

1. To take into consideration the position of general practitioners with respect to pupils, and to make such regulations as shall encourage and recognise the utility of apprenticeship as a preliminary step in medical education.

2. To make such regulations as shall more generally and fairly recognise the means of instruction afforded in provincial hospitals, unconnected with medical schools, and thereby encourage the attendance of students upon their practice, and at the same time remove the difficulties at present experienced in the working of those charities, and turn the great opportunities of practical education they possess to more general account.

3. To accord this recognition and its privileges upon some fixed and reasonable principles, and thereby avoid that appearance of favour and partiality which has hitherto not been absent.

4. To consider the desirability of curtailing the number of lectures at present required, and of thereby lessening the period to be spent in the city in which the medical school is found, a result to be likewise attained by the recognition of the practice of provincial hospitals as above proposed.

DEATH OF BARON HEURTELOUP.—This well known lithotritist expired on the 4th inst. at Paris, at the age of seventy-one.

LIVERPOOL.

(FROM OUR OWN CORRESPONDENT.)

IF scurvy is one of those diseases that may be almost entirely prevented by a proper attention to diet, then the increasing number of vessels which arrive at this port with crews disabled by scurvy demands that some public inquiry should be instituted as to the provisioning of such vessels. It would be found that the most culpable neglect of well-known essentials for preserving the health of crews on long voyages is often shown by captains, owners, and agents, when laying in stores and provisions, especially in foreign ports. Four vessels arrived in the Mersey last month, concerning which I will give you a few particulars.

In one, a vessel of 506 tons, laden with palm oil from Old Calabar, the crew when she left consisted of twelve men, exclusive of the captain, first and second mates, cook, and steward. A few days after sailing, two of the crew, who were only recovering from coast fever when shipped, died—probably from one or other of the sequelæ of that disease. Scurvy soon made its appearance on board, three dying of it at sea, and two while coming up the Channel; four were also carried into hospital in a deplorable condition immediately on the vessel's arrival here, one of whom died two or three hours after his admission: thus making eight deaths, and three seriously invalided, in a crew of twelve, and leaving only the captain, two mates, cook, steward, and a boy to navigate the vessel during the latter part of the time. The voyage occupied eighty-four days. According to the testimony of two of the crew, they were supplied with one bottle of lime-juice and one bottle of vinegar per week for six men, and their diet consisted of salt beef and pork, pea and barley soups, biscuits stale and sour; no potatoes or other vegetables; and the soups only during the first half of the voyage. The captain, on being questioned, states the diet to have been for one day salt beef and barley soup, for another pork and pea soup, and for a third salt beef and rice, or flour-dough boiled.

In another case, a vessel of 212 tons, from the west coast of Mexico, the length of voyage was 125 days, and on her arrival here, three of the crew were taken to the hospital, suffering severely from scurvy, whilst the health of three or four of the remainder was very much impaired. The captain in this instance maintains that lime-juice and vinegar were given freely, and fresh provisions as long as they lasted, both of which statements the men deny.

In the third case, a ship of 1131 tons, from Bombay, length of passage 120 days, four men were taken into the hospital on her arrival, three of whom were suffering severely from scurvy, and one from dysentery and scurvy; whilst others not admitted were in an enfeebled condition.

The fourth was a smaller vessel of 300 tons, from Monte Video, four of whose crew were taken into the hospital very seriously ill with scurvy. These, again, bore testimony to the want of fresh provisions and vegetables, and to the very limited amount of lime-juice allowed them. The diet on board the last three vessels consisted mainly of salt beef and pork, and flour-dough boiled.

From the contradictory statements of the captains and men it is difficult to arrive at the truth as to the exact amount of lime-juice allowed to each man. Still, enough was not given, if it is true, as stated by Dr. Barnes, that half an ounce each of lime-juice and sugar per day, and half a pint of vinegar per week, will effectually prevent scurvy. The captains state that fresh provisions were given as long as they lasted. Now that rarely means more than twenty days, in fact a much shorter period as a rule; and for the remainder of the voyage, be it sixty or a hundred days, pork and salt beef, with barley broth, rice, and pea soup, form the unvarying diet of the inmates of the forecastle, in addition to tea and coffee, biscuits and boiled flour. The diet of the cabin must be very different, for it is an extremely rare occurrence to find a captain or mate suffering from scurvy. A remarkable illustration of this is found in the first case related, where the captain and mates remained, with the steward and cook, the only ones unaffected by the disease. Preserved meats and vegetables are to be found, as a rule, in the cabins during the whole of a lengthy voyage. It not unfrequently occurs that the men will not use the vinegar, and sometimes refuse the lime-juice. In the latter case it is very likely, owing to the fact that the lime-juice is so bad and impure, they cannot. Neglecting to take a large supply of potatoes, indifferent about the quantity and quality

of the lime juice—an article which is scandalously adulterated, but which the law compels them to take,—and grudging the expense of preserved meat and potatoes, captains and owners have much to answer for in the appearance of scurvy in their ships. If, whenever a vessel arrived in port with scurvy on board, an inquiry into all the circumstances connected with it were at once instituted before a magistrate, giving him power to withhold a captain's certificate, or even inflict a fine, where he saw just cause, the present increase of scurvy in the merchant service might be effectually checked. It would not do to hold such an inquiry only after a death from the disease, for it has not seldom occurred that two-thirds of a crew may be suffering in a very aggravated degree from scurvy on a vessel's arrival, and yet they all recover under proper diet and treatment, though, in the more severe cases, where effusion has taken place into the pleura, pericardium, or peritoneum, an impaired constitution may remain.

To turn to another subject, the Medical Society recommenced last Thursday its fortnightly meetings for the winter. There was a good attendance of members. The business was merely routine, concluding with an address from Dr. Gee, in which he gave a history of the medical institution of this town.

The session of the Royal Infirmary School of Medicine opened on the 1st inst., with an address from Mr. Long to the students, of a very practical nature. The number of new students is somewhat below the average.

In my last letter occurred a misstatement which I wish to correct. In speaking of the trial of the assistant of Messrs. Clay and Abraham, I stated that the three bottles containing strychnia, James's powder, and Dover's powder stood on the same shelf. This I have since learned was incorrect so far as the bottle of Dover's powder is concerned, as it was kept on another shelf at a different part of the shop.

Liverpool, Oct. 11th, 1864.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

THE Medical Congress at Lyons has just commenced operations. One of the first questions submitted to discussion was the following: "Establish by undoubted facts the curability of pulmonary phthisis; separate, among the varieties of that disease, those which are amenable to cure and those which are incurable." This question took up a whole sitting of five hours' duration. The curability of pulmonary consumption is now an undeniable fact, and on this head of the question all the orators of the day were of one mind; but if several cases of cure have evidently been established, the connexion between them and the mode of treatment adopted is still so complicated and obscure, that it was feared that the second heading of the question would give rise to an overwhelming production of recipes and specific remedies. This danger was not entirely avoided in the different communications which were presented; but it must be observed that they show peculiar care in the search for precise indications, and that almost all accord to preventive hygiene its great importance in the treatment of that disease.

The first orator was M. Gourdin, a physician from Paris. He dwelt on the necessity of forescing and combating the disease at its very outset. Together with the two recognised periods of crudity and softening of the tubercles, he admits a third period, in which the tubercles exist in the blood, and await but the first inflammation of the lungs to settle there. He declared that he had often cured pulmonary caverns by employing injections of iodine.

M. Leudet then read a very remarkable paper on "The Influence of Alcoholic Drinks on the Form, the Progress, and the Termination of Pulmonary Phthisis." With Jackson, Peters, and Dr. Walshe of London, M. Leudet admits that pulmonary tuberculization is less frequently observed amongst alcohol-drinkers than amongst other people; and that in the former, when the disease is once developed, its progress is much slower. In drunkards the cough is less painful, vomiting of blood less common, and the disease is often latent. With Prof. Stokes and Dr. Walshe of London, he advises brandy to be administered whenever phthisis is accompanied by rigor and cyanosis.

Dr. Hugues, of Nice, then gave an account of ten observations of cure obtained by a residence at Nice, and other winter or thermal stations of the south of France. Amongst these ten cases, there were three in which phthisis had arrived at its second stage, and already presented abundant suppuration; three others were at the inflammatory period of the disease. These observations possess the merit of great care and scientific precision.

M. Rambaud, a professor at the Medical Faculty of Lyons, expressed his diffidence in the employment of pharmaceutical means. He believed that public and private hygiene would be the most precious resources for the prevention and cure of consumption. Great attention should be paid to the physical education of children—too greatly neglected in relation to their intellectual culture. To use the energetic exclamation of M. Rambaud, "we pay in tubercles the triumph of the mind."

According to M. Boudet, physician to the Hôtel Dieu of Lyons, the different conditions of curability of the disease are to be found in the various origins of phthisis, and in the extent, the degree, and the complications of that affection. In the great majority of cases phthisis is contracted, and does not exist originally. He would, therefore, advise the adoption of therapeutical and not specific agents.

In conclusion, two medical men—MM. —— of Mont-Dore, and Turk of Plombières—extolled the virtues of mineral waters in the cure of phthisis. The latter gentleman advanced a most curious assertion—that he had cured a young lady affected with tubercle in the summit of the right lung by simple compression of the carotid.

At the next sitting, which took place the same evening, the following question was discussed:—"Establish the value of the different methods of treatment applicable to cases of complete and incomplete anchylosis, both as regards the rectification of malposition and the use of the joint."

M. Verneuil, the distinguished surgeon of the Hôpital de Lourcine of Paris, summed up the discussion in a brilliant discourse, of which I will give a few prominent features. Are all anchyloses to be treated? No. Different categories must be established; anchylosis which follows acute arthritis must not be confounded with the articular immobility which results from muscular contractions, nor with the stiffness succeeding a fracture which has imposed prolonged immobility. Anchylosis, in the grammatical sense of the word, is nothing else but an affection free from pain and fever, succeeding different articular lesions, and bringing on the loss of movement. The distinction between complete and incomplete anchylosis must be maintained, but great attention should be paid to the etiology of the affection; thus rheumatismal anchylosis should not be treated as scrofulous anchylosis; and, lastly, no treatment at all should be adopted if the anchylosis does not cause great embarassment in the exercise of the functions. M. Delore does not see any danger in ruptures of anchylosis. He considers it imaginary. It is however certain, that efforts to obtain the rupture of an anchylosis have been followed by purulent arthritis which has necessitated amputation. Rectilinear anchylosis of the knee, the hip, the bent anchylosis of the elbow and of the foot should be respected. The rupture of complete anchylosis is authorized only in certain cases of rectilinear fixity of the elbow and angular anchylosis of the hip, in which the means of existence of the patient are seriously compromised. Resection practised in such cases by some German surgeons has been followed by such good results that it may be attempted. In conclusion, M. Verneuil extolled the brilliant results obtained by MM. Esmarch and Rizzoli in treating a pseudarthrosis of the temporo-maxillary articulation in anchylosis.

At the last sitting of the Academy of Sciences M. Velpeau presented, in the name of Dr. Brochard, a volume on the Influence of Sea Baths on Children. There exist numerous works on the effects of sea baths, but none presents such a careful study of their influence on children as M. Brochard's work. According to this physician, a sojourn by the sea-side constitutes the best hygienic measure and the most precious therapeutical resource in the health of children. M. Velpeau, in presenting the book to the Academy, made a few observations which are worthy of being noted:—"The numerous cases contained in this volume prove that maritime baths favour, above all other things, the development of children, and victoriously combat that lymphaticism which is the plague of our present civilized society. The lymphatic constitution is rapidly invading the young generations of our large towns, and it is principally amongst the higher classes that it makes the greater number of victims. If the lower classes are less affected, it is because they live in the country, and their children are brought up in the free air. There is another reason equally powerful—namely, that the higher classes give their principal attention to the intellectual development of their children, this precocious development being obtained only at the cost of the physical constitution."

M. Milne-Edwards then presented, for one M. Gréant, a paper on the Capacity of the Lungs in Man. The capacity of the lungs, according to this paper, depends on the elasticity of the diaphragm and the thoracic walls; therefore the results obtained by experiments on dead bodies, in which elasticity no longer exists, cannot be considered as exact. The author of the paper utilizes the property possessed by hydrogen gas to penetrate, by the slightest inspiration, into the most minute ramifications of the bronchi, as a means to determine the capacity of the lungs. This he does by an analysis of the gases which are expelled on expiration, and by measuring a mixture of hydrogen with those gases.

At the same meeting M. Scoutteten read a memoir under the following title: "Researches on Mineral Waters, and principally on the Cause of their Active Properties." According to this gentleman, those properties do not in the least depend on the minerals contained in the waters; they have no more virtue than the common water which we drink. Amongst those waters, some which are considered more efficacious give, on being analyzed, scarcely one or two grammes of solid matter by litre; whereas the water of the Mediterranean Sea, which gives forty-two grammes, is not classified amongst mineral waters. In the one or two grammes of solid matter contained in a litre of water there is often scarcely a milligramme of active substance—potassium, iron, arsenic, &c. Some other waters act inversely to what would have been supposed from their composition: thus chloride of sodium, which discolours and dissolves the globules of the blood, yet cures chlorosis. All the theories which have hitherto been advanced to explain the action of mineral waters are false. Electricity is the cause of this action, and can alone explain it. I see in one of the French medical papers that the Minister of War has decided that the work of Dr. Scoutteten shall be sent to all the thermal establishments of France, and be placed in the libraries of military hospitals.

At the Academy of Medicine, the last sitting was absorbed by the continuation of the discussion on the transmissibility of syphilis to and from animals. M. Ricord, who was absent at the preceding meeting, when the letter from M. Auzias-Turenne was read, declared that he was in complete dissension from that gentleman's views. He had made numerous experiments, and had never seen true syphilis, with all its train of constitutional injuries, affect one single animal. He had never witnessed any other fact but this, that soft chancre inoculated on a monkey produced a soft chancre, but without any extension, and without any subsequent effect on the ganglions. The pus had been taken from the monkey and inoculated in turn on a man, with the selfsame results. It might, then, be said, until some proof to the contrary were produced, that syphilis was the sad appanage of man, and might be called "man-pox." He would make an appeal to the veterinary associates whether they had ever observed any case of transmission. With regard to the origin of syphilis, he had tried, like many others, to discover it, but had given it up as a useless task.—M. Velpeau supported these views. He had in 1817 and 1818 made numerous experiments with Bretonneau, and they were all attended with negative results. M. Bouley, in answer to M. Ricord's appeal, declared that he had never witnessed any phenomena but those which M. Ricord had mentioned.

Paris, Sept. 26th, 1864.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following Members of the College were admitted Fellows at a meeting of the Council on the 13th inst.:—

Evans, Benjamin, Brixton; diploma of Membership dated Nov. 5th, 1841.
Kershaw, William Wayland, Kingston-on-Thames; May 26th, 1843.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 6th inst.:—

Bell, Cyril William Bowdler, Valetta, Malta.
Davies, Herbert, University College.
Dodd, Edward, North Stoke, Oxon.
Fairbank, Thomas, Islington.
Powell, John, Chichester, Sussex.
Power, William Henry, St. Bartholomew's Hospital.
Smallman, Joseph Clement Bruce, Willingham, Gainsborough.

The following gentlemen also on the same day passed their first examination:—

Cass, William Cunningham, University College.
Gill, George, Liverpool Royal Infirmary.
Hoffmeister, William, University College.
Tindall, Alexander McIvor, St. Bartholomew's Hospital.

The following gentlemen passed their examination and received certificates to practise on the 29th ult.:—

Birt, Joseph, Grove House, Leamington.
Bush, Henry John Ryder, Warwick-street, Regent-square.
Fowler, George, jun., Newington-terrace, Kennington-park.
Metcalfe, Fenwick, Inglethorpe Hall, Wisbeach.
Owen, David Charles Lloyd, Smethwick, Birmingham.
Phillips, George Richard Turner, Leinster-square, Hyde-park.
Ryder, Henry Thomas, Upper Fitzroy-street, W.

The following gentleman also on the same day passed his first examination:—

Rogers, Charles E. H., Westmeon, Petersfield.

The following gentleman passed the Preliminary Examination in Arts held at the Apothecaries' Hall on the 23rd and 24th ult., but was omitted from the published list:—

Saul, William Wingate, Sibsey, Lincolnshire.

MUNIFICENT BEQUEST.—Miss Clements, formerly of Liverpool, has left the liberal bequest of £30,000 to several Liverpool charitable institutions to be equally divided.

WARWICK COUNTY LUNATIC ASYLUM.—A large addition to this asylum has been made, and is now ready for occupation. Forty additional female patients can now be received.

THE METROPOLITAN SCHOOL OF DENTAL SCIENCE was opened for the session on Monday evening. Mr. Fuller gave an able and eloquent epitome of the progress and development of the dental art and science in this and other countries.

COMPULSORY VACCINATION.—At the last meeting of the Whitehaven Poor-law Board, it was resolved that, in order to secure proper attention to the subject of vaccination, special quarterly meetings of the guardians be held to see that the regulations of the board were duly carried out.

THE NEW STAFFORD LUNATIC ASYLUM.—This building is erected at Burntwood, three miles from Lichfield, and is intended for the reception of 500 patients. The cost at present amounts to £35,000. The addition of another wing to complete the design will raise the cost of the whole building to £45,500.

PRESENTATION TO DR. EWART.—A public dinner has recently been given at Middleton-in-Teasdale to Dr. Ewart, on his leaving that place after a residence of seventeen years. The chairman, the Rev. F. W. Robertson, on behalf of the meeting, presented to Dr. Ewart a handsome gold watch and chain. The watch bore a suitable inscription.

CRICKET: WESTMINSTER AND CHARING-CROSS COLLEGE CLUBS.—A match was played on Saturday last at Putney by eleven of each, which terminated by the Charing-cross winning in one innings. This manly exercise, we are glad to perceive, is practised by the students of most of the medical schools of the metropolis.

LUNACY IN NEW SOUTH WALES.—The following proportions of lunatics to the population are given in the *South Australian Register*:—England and Wales, 1 in 557; Ireland, 1 in 659; Scotland, 1 in 767; France, 1 in 795; Rhenish Provinces, 1 in 666; New York, 1 in 702; Norway, 1 in 550; whilst in New South Wales it is stated to be, according to the public returns, 1 in 380.

PROFESSOR OWEN AT BIRMINGHAM.—This gentleman delivered the second lecture of his course "On the Classification, Geographical Distribution, and Geological Relations of the Class Mammalia," in the Temperance Hall of the above town, on Monday. He stated that the discovery of the existence of a species of the mammalian quadruped in the oolitic state was very interesting, and gave the following curious illustration. There was an old quarry near Oxford which had yielded many interesting geological specimens. One day the old quarryman brought a small jaw, and on handing it to Dr. Buckland, said, "I think, Sir, I've got the jaw of the rat that was drowned in the deluge" (laughter). The Dean could scarcely believe the discovery, and in 1815, when Baron Cuvier visited England, he showed it to him, who at once stated that it belonged to an animal of the mammalian species, and was nearly allied to an opossum. The Baron, however, would not believe that it came from the oolitic state until he had received a report from a gentleman whom he specially commissioned to come over to England and make an examination, and who confirmed Dr. Buckland's report. To give his hearers some idea of the age when the little creature lived, he (Prof. Owen) might tell them that all their downs of chalk—their grand white chalk cliffs, from which Albion obtained her name—had been circulating in living vessels of living animals subsequently to the time when that little animal had lived and died.

ROYAL COLLEGE OF SURGEONS.—The annual report of the receipts and expenditure of this institution has just been published, from which it appears that the former amounted to £13,806 14*s.* 8*d.*, derived principally from the following sources of income, viz: Preliminary, primary, and pass examinations for Membership, £10,331 5*s.*; certificates of qualification in Dental Surgery, £924; the Fellowship Examination, £220 10*s.*; the Midwifery Licence, £138 12*s.*; elections to the Fellowship, £157; rent of chambers, £702 15*s.* 6*d.*; the dividends on investments in government securities produced £1150 16*s.* 2*d.* The disbursements amounted to £12,844 13*s.* 3*d.*, divided principally under the following heads, viz.:—College department, including fees to Council, Courts of Examiners, diploma stamps, list of members, coal, salaries, wages, law expenses, &c., £7998 17*s.* 1*d.* Museum department—Catalogues, specimens, spirit, bottles, salaries, wages, &c., £2264 13*s.* 8*d.* The library department, including purchase and binding of books, salaries, &c., required the moderate sum of £601 18*s.* Miscellaneous, as taxes, insurance, pensions, &c., £1077 9*s.* 10*d.*; alterations, repairs, and painting, £647 10*s.* 4*d.*; lectures, prizes, annuity, &c., £254 4*s.* 4*d.* The sum of £1792 10*s.* was invested in government securities. It will be seen by the above, and in comparison with last year, that the income of the College has increased by the respectable sum of £1396 13*s.* 8*d.*, the disbursements being only £425 16*s.* 2*d.* more than in the preceding year.

THE LATE DR. GALLAGHER, R.N.—Our naval readers will hear, with profound regret, of the death of Deputy-Inspector General Dr. Gallagher, the news of which event arrived a few days since. He was one of the latest victims to the terrible epidemic of yellow fever now raging in the Bermudas, and to which disorder several members of our profession have succumbed whilst in the discharge of their perilous duties. Dr. Gallagher's death is particularly sad, as he had only very recently, after a distinguished career, and at a comparatively early period, been appointed to the post of Deputy-Inspector General. He had seen much service in various quarters of the world, and was surgeon to the *Arrogant*, which did such execution in the Baltic during the Russian war. Subsequently, he was appointed one of the surgeons to the Royal Naval Hospital at Plymouth, and on being made Deputy-Inspector General was transferred to Bermuda as chief medical officer to that station. He was a man whom the navy could ill spare. He was one of the most high-toned and gentlemanly minds in the service, and deservedly esteemed and regarded for all those higher qualities which were so readily apparent to his colleagues and friends. He was much devoted to his profession, and was well known at the various hospitals in London, to which he was a frequent visitor during his leisure hours, and where his pleasing manners ensured him a good deal of attention. Dr. Gallagher was in the prime of life, having just entered his forty-seventh year.

TESTIMONIAL TO A SURGEON.—A gratifying mark of respect has been presented to Mr. C. C. Cranmer, assistant to Mr. Dickenson, surgeon of Wrexham, by the members of the various lodges of Odd Fellows, which he attended professionally. Their number amounted to nearly 800. The following extract is equally honourable to the "brethren" and to Mr. Cranmer:—"Our friend and brother has been the means of relieving our sufferings during sickness, and at all times proved himself a worthy brother and kind friend to ourselves and the other members of the order throughout the district."

MEDICAL VACANCIES.

Bath United Hospital—Resident Physician's Assistant, and Apothecary.
Bridgwater Union (Middlezoy District)—Medical Officer.
Eastern Dispensary, Whitechapel—Resident Medical Officer.
Halifax Infirmary—Resident House-Surgeon.
Lancaster County Lunatic Asylum—Junior House-Surgeon.
Lock Hospital—House-Surgeon.
Western General Dispensary—Physician.

MEDICAL APPOINTMENTS.

J. FALL, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the No. 5 or Tollerton District of the Great Ouseburn Union, Yorkshire, vice G. Bird, L.S.A., deceased.

W. C. DEMPSEY, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for District No. 2 of the Ongar Union, Essex, vice E. H. Linsker, M.R.C.S.E.

C. F. KNIGHT, M.R.C.S., has been appointed Medical Officer and Public Vaccinator for the Swalcliffe Division of the Banbury Union.

T. PIGG, M.D., has been appointed Surgeon to the Ardwick and Ancoats Dispensary, Manchester.

C. RITCHIE, M.D., has been elected President of the Faculty of Physicians and Surgeons of Glasgow for the ensuing year.

J. ROBERTS, L.R.C.P.L., late Resident Medical Officer to the Mineral Water Hospital, Bath, has been elected Resident Surgeon to St. Pancras Workhouse and Infirmary, and appointed Public Vaccinator, vice Saul, appointed to the South District of the Parish.

W. SAUL, M.D., has been appointed Medical Officer to the South District of the Parish of St. Pancras, vice D. H. G. Wildbore, M.D., deceased.

W. B. SHORTO, M.R.C.S.E., has been elected House-Surgeon to the Royal South Hants Infirmary, Southampton, vice J. R. Shorto, M.R.C.S.E., resigned.

T. S. WOOLLEY, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for District No. 6 of the Basford Union, Nottinghamshire, vice D. Donovan, L.F.P. & S. Glas., deceased.

MILITARY AND NAVAL MEDICAL APPOINTMENTS.

J. BROWNE, F.R.C.S.I., Assist.-Surg., 1st Assist.-Surg. of the General Hospital, Calcutta, has been ordered to assume medical charge of the 21st Bengal Native Infantry, in addition to his other duties, vice Assist.-Surgeon Sillifant.

C. F. BUCHAN, Assist.-Surg. R.N., has been appointed to the "Royal Adelaide" (additional).

J. BURKE has been appointed Staff Assist.-Surg. Army.

G. S. BURNSIDE, L.R.C.S.I., Assist.-Surg. 51st Foot, has been appointed Staff Assist.-Surg., vice Greenhill, appointed to the 72nd Foot.

C. F. CHURCHILL, M.B., has been appointed Staff Assist.-Surg. Army.

A. F. S. CLARKE, M.D., Assist.-Surg. 42nd Foot, has been appointed Assist.-Surg. in the Royal Artillery.

P. J. CLARKE, L.R.C.S.I., Staff Surg. Army, has been appointed Surg. to the 84th Foot, vice Grant, M.D., who has exchanged.

M. COGAN has been appointed Staff Assist.-Surg. Army.

W. COLEMAN has been appointed Surgeon to the 26th Kent Rifle Volunteer Corps.

J. CRAWFORD, M.D., has been appointed Hon. Assist.-Surg. to the 19th Lancashire Artillery Volunteer Corps.

E. H. CREE, M.D., Staff Surgeon R.N. April 4th, 1843, has been appointed to Portsmouth Dockyard, vice Staff Surg. C. K. Nutt.

J. CULLEN, M.D., has been appointed Surg. to the 1st Administrative Batt. of Dumbartonshire Rifle Volunteers, vice Macdowall, M.D., deceased.

J. DAVIDGE, Staff Assist.-Surg. Army, has been appointed Assist.-Surg. in the Royal Artillery.

R. W. DAVIES has been appointed Staff Assist.-Surg. Army.

J. N. DAVIS, Staff Assist.-Surg. Army, has been appointed Assist.-Surg. to the 44th Foot, vice Royle, appointed to the Royal Artillery.

J. DEWAR, M.D., Staff Assist.-Surg. Army, has been permitted to resign his Commission.

G. F. DOOLEY has been appointed Staff Assist.-Surg. Army.

Assist.-Surg. DREW, doing duty with the 73rd Foot, Bengal, has been ordered to assume medical charge of the 6th Dragoons, vice M'Master, appointed to the 18th Dragoons.

R. DUNLOP, Staff Assist.-Surg. Army, has been appointed Assist.-Surg. to the 10th Foot.

E. ELLIOTT, M.D., Assist.-Surg. R.N. July 30th, 1841, attached to Plymouth Dockyard Nov. 14th, 1851, has been placed on half-pay.

J. G. FAUGHT, M.R.C.S.E., Staff Assist.-Surgeon Army, has been appointed Assist.-Surg. in the Royal Artillery.

J. FERGUSON, M.D., has been appointed Hon. Assist.-Surg. to the 3rd Elginshire Rifle Volunteer Corps.

F. FFOLLIOTT, L.R.C.S.I., Staff Assist.-Surg., has been removed from the 18th Royal Irish Regiment at Secunderabad to the B Battery D Brigade Royal Horse Artillery at Secunderabad.

H. B. FRANKLYN, M.D., Surg. from the 10th Foot, has been appointed Staff Surg., vice Sinclair, who has exchanged.

J. B. GILL, M.D., has been appointed Hon. Assist.-Surg. to the 8th Cinque Ports Rifle Volunteer Corps, vice Cocke, resigned.

J. GROGAN, M.B., Surg. 4th Dragoon Guards, having completed twenty years' full-pay service, has been promoted to Surg.-Major under the provisions of the Royal Warrant of Oct. 1st, 1858.

G. H. HOLDEN, M.R.C.S.E., has been appointed Hon. Assist.-Surg. to the 1st Radnorshire Rifle Volunteer Corps, vice Adney, deceased.

J. D. MACDONALD, M.R.C.S.E., Surg. R.N. July 19th, 1859, has been appointed to the "Victory" (additional) for Haslar Hospital.

W. B. M'KINLAY, M.D., has been appointed Assist.-Surgeon to the Prince of Wales's Royal Renfrewshire Militia.

G. H. MAUNSELL, L.R.C.S.I., Assist.-Surg. R.N. April 25th, 1860, has been appointed to the "Cambridge."

H. S. MUIR, M.D., has been appointed Staff Assist.-Surg. Army.

C. P. MULVANY, L.K.Q.C.P.I., Assist.-Surg. R.N. Aug. 4th, 1860, has been appointed to the "Nimble."

G. W. S. OGG, M.B., Assist. Surg., Zillah Surg. of Coimbatore, Madras, has been permitted to exchange with Assist.-Surg. Smith, Medical Officer of Coonoor, with charge of Kotagherry.

W. O'HALLORAN, M.R.C.S.E., Staff Assist.-Surg. Army, is medical charge of the Royal Artillery at Trinchinopoly, has been removed to the A Battery D Brigade Royal Horse Artillery at Bangalore.

R. F. O'LEARY, M.R.C.S.E., Staff Assist.-Surg., has been removed from the 14th Brigade Royal Artillery at Secunderabad to the D Battery D Brigade Royal Horse Artillery at Bellary.

J. H. OLIVER, M.R.C.S.E., Staff Assist.-Surgeon Army, has been appointed Assist. Surg. in the Royal Artillery.

J. H. ORR, C.B., Acting Deputy Inspector-General of Hospitals Madras Service, has been promoted to Deputy Inspector-General of Hospitals, vice Deputy Inspector-General F. Cooper, retired, and posted to the Nagpore Force, vice Dorward.

T. W. ORWIN has been appointed Staff Assist.-Surg. Army.

M. G. B. OXLEY, M.D., has been appointed Surgeon to the 12th Lancashire Artillery Volunteer Corps.

J. PARKER, L.R.C.S.I., Assist.-Surgeon R.N. March 11th, 1861, has been appointed to the "Sharpshooter."

H. H. PHILLIPS, M.B., has been appointed Staff Assist.-Surg. Army.

J. J. POPE, M.R.C.S.E., Assist.-Surg. 72nd Foot, has been appointed Assist.-Surg. in the Royal Artillery.

R. POTTER, M.D., Assist.-Surg. R.N., has been appointed to the "Victory" (additional).

F. POUT, M.R.C.S.E., Assist.-Surg. 46th Foot, has been appointed Staff Assist.-Surg., vice Beattie, M.D., appointed to the 79th Foot.

W. W. QUINTON, M.B., Staff Assist.-Surg. Army, has been appointed Assist.-Surg. in the Royal Artillery.

M. J. RAE, M.D., has been appointed Surg. to the 3rd Administrative Brigade of Lancashire Artillery Volunteers.

W. B. RAMSBOTHAM, M.D., Staff Assist.-Surgeon Army, doing duty with the Royal Artillery at Kamptee, has been removed to the B Battery 14th Brigade Royal Artillery at Secunderabad.

J. W. REID, M.D., Surgeon R.N. Sept. 13th, 1854, has been appointed to the "Victory" (additional) for Haslar Hospital.

A. A. RENTON, M.D., Assist.-Surgeon Madras Service, has been promoted to Surgeon.

T. RIDGE, M.D., Assist.-Surg., has been appointed to the medical charge of the 40th Bengal Native Infantry, vice Surg.-Major T. C. Hutchinson, transferred to the 10th Bengal Native Infantry.

J. SANDISON, L.R.C.P.Ed., Staff Assist.-Surg. Army, has been permitted to resign his Commission.

G. SAUNDERS, M.R.C.S.E., Staff Surg. Army, has been appointed Surg. to the 9th Foot, vice Armstrong, appointed to the Staff.

H. SHERLOCK, M.R.C.S.E., Assist.-Surgeon 8th Hussars, has been appointed Staff Assist.-Surg., vice Quinton, appointed to the Royal Artillery.

J. N. SPOCK, Staff Assist.-Surg. Army, has been appointed Assist.-Surg. to the 9th Foot.

J. STOTT, Assist.-Surgeon R.N., has been appointed to the "Royal Adelaide" (additional).

S. SWEETNAM, L.R.C.S.I., Assist.-Surgeon R.N. Sept. 17th, 1858, has been appointed to the "Excellent."

R. TURNER, M.D., has been appointed Staff Assist.-Surg. Army.

W. R. WALL, L.K.Q.C.P.I., Assist.-Surgeon 61st Foot, Bengal, has been appointed Assist.-Surgeon in the Royal Artillery.

J. WALLACE, M.D., has been appointed Staff Assist.-Surg. Army.

G. W. WALTER, Surg., has been posted to the 4th Madras Native Infantry.

A. N. WATTS has been appointed Staff Assist.-Surg. Army.

Births, Marriages, and Deaths.

BIRTHS.

On the 7th inst., at Mildmay-road, Stoke Newington, the wife of Thos. Horner, M.D., of a son.

On the 7th inst., at Upper Clapton, the wife of Dr. Kingsford, of a son.

On the 8th inst., at North Leith, Edinburgh, the wife of R. M'Nair, M.D., of a daughter.

On the 8th inst., at South Shields, the wife of A. Legat, M.D., of a daughter.

On the 8th inst., at Norwood, the wife of A. B. Sharpe, M.D., of a daughter.

On the 9th inst., at Maryport, Cumberland, the wife of W. B. Matkins, M.R.C.S.E., of a daughter.

On the 10th inst., at Canterbury, the wife of Dr. Boycott, of a daughter.

On the 12th inst., at Watton Cottage, Hertford, the wife of Herbert B. Hodges, M.R.C.S., of a daughter.

MARRIAGES.

On the 5th inst., at Combe-Martin, Devon, F. Helm, B.A., F.R.C.S.E., to Mary Elizabeth, daughter of the late Rev. F. W. Thomas, Rector of Parkham.

On the 6th inst., at Dundrod, R. Spence, M.D., of the 23rd Bengal Infantry, to Anna S., daughter of the late Rev. W. Loughridge, of Philadelphia.

On the 6th inst., at Darfield, Yorkshire, J. F. West, M.R.C.S.E., Surgeon to the Queen's Hospital, Birmingham, to Sarah Hammond, daughter of the late J. T. Sellers, Esq., of Great Houghton.

DEATHS.

On the 20th ult., at Iceland Island, Bermuda, of yellow fever, J. Gallagher, M.D., Deputy Inspector-General of Hospitals and Fleets.

On the 23rd ult., at Goole, Yorkshire, William Leonard Cass, M.R.C.S.E., aged 24.

On the 27th ult., at Demerara, of yellow fever, T. Slater, Surgeon in H.M.'s Emigration Service.

On the 4th inst., at Leinster-place, Rathmines, Chas. Maclean, M.D., late Inspector-General of Hospitals Army.

On the 5th inst., at the Vicarage, Middleton-Tyas, Yorkshire, Pinkstan Blackwood, Esq., late of Brussels, formerly Surgeon to the Royal North Devonshire Militia, aged 87.

On the 5th inst., J. Macdougal, L.F.P. & S. Glas., of Old Kilpatrick, Dumbartonshire.

On the 5th inst., R. Walker, M.R.C.S.E., of Westfield, Cupar, Fife.

On the 8th inst., at Queen-street, Stirling, J. Yost, M.D., late of Kelso.

QUARTERLY NAVAL OBITUARY.

J. H. Acheson, Surgeon Aug. 17th, 1815.
S. Bailey, Surgeon Dec. 10th, 1804.
F. A. Curran, M.B., Assist.-Surgeon Aug. 4th, 1862.
J. Davis, M.D., Surgeon Aug. 17th, 1815.
J. Drummond, Inspector-Gen. of Hospitals and Fleets Feb. 1st, 1858.
J. O'Brien, L.R.C.S.I., Assist.-Surgeon Dec. 10th, 1861.
W. H. O'Toole, M.D., Assist.-Surgeon Dec. 11th, 1860.
H. S. Willmott, M.R.C.S.E., Assist.-Surgeon May 24th, 1841.

[ERRATUM.—Dr. Wm. Hargrave, of Dublin, whose death on the 20th ult. was announced in THE LANCET of the 1st inst., was erroneously described as "Representative of the Royal College of Surgeons, Ireland, in the General Council of Medical Education and Registration." The gentleman who has that honour is Dr. Wm. Hargrave, of 56, Upper Mount-street, Dublin.]

TERMS FOR ADVERTISING IN THE LANCET.

For 7 lines and under	£0	4	6	For half a page	£3	13	0
For every additional line.....	0	0	6	For a page	5	0	0

The average number of words in each line is eleven.

Advertisements which are intended to appear in THE LANCET of any particular week, should be delivered at the Office not later than on Wednesday in that week: those from the country must be accompanied by a remittance.

To Correspondents.

G. G.—Mott first tied the innominate nearly half a century ago. The patient so far recovered as to be able to walk about; but unfortunately died from hæmorrhage on the twenty-sixth day after the operation. Since Mott's time the same operation has been performed in thirteen instances, but death has always followed. Dr. A. W. Smith, of New Orleans, has recently repeated it, and apparently with success. The aneurismal tumour had entirely disappeared, the wound had healed, and the man was walking about, apparently well, three months after the operation.

WE have received from Dr. Woodward, Worcester, the sum of £1 1s. towards the Griffin Testimonial Fund.

RESTORATION OF THE APPARENTLY DROWNED.

To the Editor of THE LANCET.

SIR,—You have on all occasions so cordially rendered to this Institution every assistance in eliciting information on the important subject of Restoring the apparently Dead from Drowning, that I feel assured you will give publicity in THE LANCET to the following valuable communication from Thomas Trollope, Esq., Surgeon, of St. Leonards.

It is a somewhat singular and striking case, and shows clearly the wisdom of the National Life-Boat Institution, like yourself, in advocating the retention in its New Directions of a portion of the late Dr. Marshall Hall's valuable Ready Method. I am, Sir, your faithful servant,

RICHARD LEWIS, Secretary.

Royal National Life-Boat Institution, John-street, Adelphi, London, October 12th, 1864.

"34, Marine, St. Leonards-on-Sea, Oct. 6th, 1864.

"DEAR SIR,—In answer to your letter, requesting information respecting the case of apparent death from drowning which I attended here some months back, I am most happy to forward you such particulars as I can recollect, and am only sorry that, as I did not make accurate notes at the time, I am obliged to trust to memory.

"The case was one of attempted suicide from distress of mind. The man appears to have walked deliberately into the sea, and then rolled himself over in the water. He was pulled out by a Coast Guardsman, and when first rescued, according to the latter's account, was able to speak a few words, and he then vomited a quantity of water. There was no means of ascertaining how long he had been in the water, and it is of course a question whether he could have been *completely submerged* for more than some seconds. He was removed to the guard-room, distant some forty yards from the beach, and here became rapidly worse—i. e., insensibility came on, breathing slow and faint, and pulse flickering. On my arrival, I found him undressed, and wrapped in a blanket. The captain of the Coast Guard was trying Dr. Silvester's Method, which also I persevered in for some few minutes. Meanwhile his respiration had ceased beyond a slight mucous rattle in the windpipe; his heart's action could not be felt; jaws clenched, and lips livid. I then, finding these alarming symptoms supervening in spite of the persistence in Dr. Silvester's Method, immediately had recourse to Dr. Marshall Hall's prone and postural, or Ready Method, and was gratified to find fluid escape from the mouth each time the body was laid on the chest, and respiration gradually set up, commencing with long-drawn (or rather gasping at intervals) inspiration. Of course all this time the usual adjuncts of hot bottles, warm frictions, &c., were assiduously employed. I am sorry I cannot give you the length of time that elapsed before respiration set up from the time that he became totally insensible; but I know I persevered in the prone and postural movements for nearly three-quarters of an hour till respiration was *thoroughly* and satisfactorily established. The man then again vomited between a pint and a quart of water, and was afterwards able to swallow a few teaspoonfuls of tea, and went on satisfactorily.

"You inquire the reason why I resorted to the Marshall Hall Method. It was because I considered there was an accumulation of fluid in the air-passages, which the prone position would and did get rid of, and which Dr. Silvester's Method, with the patient lying on his back, did not.

"Again, I found great difficulty in drawing the tongue forwards, securing it (the jaw being clenched) while the patient was on his back; but when in the prone position the tongue fell forward, and allowed fluids to escape.

"Again, one naturally inclines to try a method which has previously proved successful in one's hands, before resorting to another in which one has had no experience. While house-surgeon some years back at the General Lying-in Hospital, York-road, Lambeth, I had several cases of asphyxia in still- (apparently) born children successfully treated according to Dr. Marshall Hall's plan. One in particular I remember, in which twenty minutes elapsed before any attempt at inspiration was made.

"In conclusion, though the case was not a perfect specimen of apparent death, I have a strong impression that had I not resorted to Dr. Marshall Hall's Method on the aggravation of the alarming symptoms above described, the man would have speedily died asphyxiated.

"With reference to the New Regulations issued by your Society, I think it would be well to extend the trial of the 'Ready Method' to a longer period than from two to five minutes. I do not think that fluids are always got rid of from the air-passages in that short period. Indeed my case proves so much.

"Again, I could not see that Dr. Silvester's Method produced a vacuum in the chest, and so caused air to enter the lungs each time the arms were elevated above the head. On the contrary, Dr. Marshall Hall's Method did seem to have that effect.

"You may probably remember there was a case at Torquay some few weeks after mine, of resuscitation from drowning, in which Dr. Marshall Hall's Method met with similar success. I think the particulars appeared in THE LANCET in the shape of a letter.

"I must apologize for not being able to send you a more accurate history of my case, and also for presuming to offer you any remarks on the subject. I have, however, endeavoured to give you my reasons for following the treatment detailed.

"I shall be happy to write again if you have any more queries to put, and in the meantime, "Believe me, &c.,

(Signed) "THOMAS TROLLOPE.

"The date of my case was July 1st, 1864.

"To the Secretary of the Royal National Life-Boat Institution."

A Looker-on.—The assumption of the name and title of Dr. Henry Scott, of Woburn-place, by the notorious quack, Hamilton, is a flagrant illustration of the insufficiency of our present law. The true Dr. Scott has, we regret to learn, been a sufferer from the piratical assumption of his name by that disreputable adventurer. It is impossible that this state of things can continue. No respectable man is safe. We are gratified to be able to announce that in the next session of Parliament steps will be taken to remedy the evil. If the Medical Council remain insensible to its manifest duty in this matter, a modification of the Medical Act will be introduced by some independent member of Parliament. It is absurd to suppose that if the Medical Council did its duty, such a disgraceful state of things could exist. Better that the Medical Council had never been appointed than that its existence should be only manifested by imbecility and culpable inaction.

T. T. T.—Consult a paper on the "Arsenic-Eaters of Styria," read by Dr. Maclagan before the Edinburgh Medico-Chirurgical Society in July last.

EXHIBITION OF ALCOHOLIC STIMULANTS AND PROFESSIONAL ETIQUETTE.

To the Editor of THE LANCET.

SIR,—I was visiting in Somerset, and while there was requested to go to Bristol to see W. B——, a middle-aged man, usually healthy, now residing in one of the suburbs of the city, and engaged in the somewhat harassing work of town missionary. I found him on August 17th ill of gastric fever (low fever, with great congestion and irritation of the gastric mucous membrane), now arrived at the eleventh day. Had been delirious and without sleep until he began to doze the day before. Countenance placid; mind confused; senses right; skin cool, except on the head, where it felt hot and dry; tongue moist, with clean red edge, and brownish fur pretty far back; thirsty; stomach slightly distended, and once in a while vomiting of greenish matter; abdomen not tender; evacuations loose, and four in the last twenty-four hours; urine high; calls of nature known. I recommended a mixture composed of twenty grains of nitrate of potash, two drachms of dilute nitric acid, with a little mucilage and camphor julep, to make six ounces; half an ounce to be taken every fourth hour. I urged the necessity of daily ablution, thorough ventilation, and diet of essence of meat, milk, sago, tea, &c., and if no sleep came, then fifteen minims of Battley's sedative liquor at bedtime.

The case progressed favourably, and a report to me made on August 23rd pronounced him convalescent.

As mine was but a solitary visit, and railway arrangement would not admit of delay, I could not have an interview with the patient's ordinary medical attendant; but I strictly charged that my prescription and instructions should be submitted to him for his judgment. I was informed afterwards that this was done, and that he concurred.

Now comes another feature in the case. Dr. Budd had been called in, and had ordered (on August 14th) two pints of milk and four ounces of brandy to be given in the course of twenty-four hours; the brandy to be mixed with yolk of egg, and some given in all the food the patient took. The parties, being teetotalers, strongly objected to the brandy, whereupon Dr. Budd took his leave of the case.

I cannot see why a physician should insist on turning over a patient from the apothecary to the distiller for his physic, and the rather as the very mixture of brandy with egg is provided for in the London Pharmacopœia, under the form for "mistura spiritus vini Gallici." It is well known that it is quite a common occurrence for medical practitioners to consult the wishes, and may be the prejudices, of the sick in regard to the form of their medicines; and I do not know why a poor man, whose habits and occupation render it very desirable that he should not have recourse to ordinary spirituous liquors, should not have his feelings consulted as well as a rich man, who possibly will declaim against taking rhubarb or castor oil. This is my professional view of this and similar cases. Beyond the pale of our profession there will, of course, be great glee that the fever-stricken had such a fortunate escape, or (to quote from a letter now before me) it will be urged and repeated—"It is a great mercy that Dr. Budd's imperative order for brandy was rejected."

Yours, &c.,

Bodmin, September, 1864. HENRY MUDGE, M.R.C.S.

Twelvepers will obtain all the information he requires by addressing a note to any medical publisher.

A Student of St. Bartholomew's Hospital.—Mr. Boyle is a Master of Arts, and is well qualified to fulfil the duties of a teacher.

DRUGGISTS' PRESUMPTION.

To the Editor of THE LANCET.

SIR,—I can truly sympathize with "A Country Practitioner" as to the empiricism he has to contend with, I myself being victimized in a precisely similar manner at the present time. In vain have I appealed to the Council of Medical Education and Registration, and also to the Apothecaries' Company. It is not only disgusting to the practitioner, but sadly lowers the status of the medical man in the estimation of the public.

Now, where is the remedy for this flagrant insult to our noble calling? In my own instance, because I will not lower the standard of my profession by placing "quack prices" on my services, an interloper in the shape of an incompetent druggist, devoid of even common medical tactics, undermines the mind of the populace with wanton ignorance and a scanty fee. Surely the reasonable result of this will be (provided the evil spreads) that a large portion of an enlightened nation will be sacrificed to the ignorance and dishonesty of quacks and charlatans, and alas! the practitioner has to succumb to an unenlightened populace simply for the sake of £ *s. d.*

In my case, I regret to say, this empiric is nominally the assistant of a neighbouring surgeon—of course a perfect subterfuge; still it protects him legally, which makes the matter of prosecution more difficult! But what (and I appeal to the profession at large) can be more ignominious than to be laughed at by a common semi-grocer and druggist combined, especially when backed by a distant medical practitioner?

Thus, then, I subscribe to the evils of your correspondent, "A Country Practitioner," and doubtless, now that this great grievance is on the *tapis*, through the medium of your ever influential journal we shall get redress, as there must exist numberless surgeons whose annual income is robbed by unfairness and unmitigated quackery.

I enclose my card, and am, Sir, yours, &c.,

October, 1864. AMICUS JUSTITIÆ.

Cirujano.—It is quite unnecessary to insert the letter of our correspondent. Dr. Goss is entitled to the sympathy and support of his professional brethren and the public. From various quarters we have received spontaneous testimony to the character and abilities of Dr. Goss. We are much mistaken if the shameless persecution to which he has been subjected does not place him in a higher position than he previously held. He acted throughout the affair as an honourable and able physician.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of THE LANCET.

SIR,—The following subscriptions have been further received on behalf of the above Fund:—

J. T. Savory, Esq., Wendover	£0	5	0
W. E. Porter, Esq., Lindfield	0	5	0
J. F. Martin, Esq., Abingdon	1	1	0
P. La Fargue, Esq., Meriden	1	0	0
J. J. Clapcott, Esq., Beaminster	1	1	0
Dr. W. H. Colborne, Chippenham	1	1	0
Hy. B. Smith, Esq., Battle	0	5	0
J. Prankerd, Esq., Langport	0	10	0
Messrs. Firth and Fernie, Macclesfield	0	10	6
Dr. Wm. Ogle, Derby	0	10	6
Dr. Hulme, Wigston Magna, near Leicester	0	10	0
Dr. Barnes, Finsbury-square	1	1	0
D. Dorning, Esq., Barton-on-Irwell	1	0	0
Rd. Roe, Esq. Ditto	1	0	0
J. L. Fletcher, Esq., Eccles	0	10	0
G. Calder, Esq., Hailsham	0	5	0
J. E. Clouting, Esq., Shipdham	0	10	0
A. C. Shout, Esq., Petworth	0	10	0
J. Wills, Esq., Starminster	0	10	0
Medical Officers of Leek Union	0	10	6
Amount previously announced	67	13	6
Received at THE LANCET Office	4	12	0

Yours obediently,

ROBERT FOWLER, M.D.,

Treasurer and Hon. Sec.

145, Bishopsgate-street Without, Oct. 12th, 1864.

F. O.—The American medical journal alluded to has just been suspended. The expense attendant upon its production under the present state of affairs in New York far exceeded its returns.

M.D.—He can call himself "Dr." or Physician. He can, under exceptional circumstances, hold a Poor-law appointment.

DISSECTION WOUNDS.

To the Editor of THE LANCET.

SIR,—I observe that two students in Paris have lost their lives through wounds received in dissecting. As the time has again arrived when many are busily engaged in this occupation, and necessarily exposed to danger, it may be worth while to record a very easy method of doing away with all risk, which none of the plans of treatment in cases of poisoned wounds have hitherto succeeded in doing.

During the time that I was employed in dissecting I used to carry in my pocket an old pen-knife with a sharp point, which, as soon as I received a puncture or cut, was heated to a red heat, and made to traverse the exact course of the wound.

I am quite sure if this plan were generally adopted, we should never hear of anyone suffering from dissection wounds, as the poison is completely destroyed. The pain of the operation is quite trifling, and not worth consideration where so great a risk is to be avoided. Your obedient servant,

October, 1864. LENNA.

A Victim of an Anatomical Museum should place his case in the hands of some respectable solicitor. The obtaining of money under false pretences is a criminal offence, the punishment of which is summary and decisive.

THE MEDICAL ACT.

To the Editor of THE LANCET.

SIR,—I must beg you will correct an error in your journal of the 8th inst. It is there stated that a summons "was heard against a Mr. M. C. Rogers," and I am pointed at as having acted ignorantly in the matter. Now, in the first place, the summons was *withdrawn* under my advice, and would not have been issued if I had received proper instructions, and hence I am in no way responsible in the matter, except as far as I was instrumental in *correcting the error*, of which I hold evidence.

Requesting that you will do me the justice to insert this correction in your next publication, I remain, Sir, your humble servant,

Beaconsfield, Bucks, Oct. 1864. WILLIAM TALLENT.

Scrofus.—Trichinous disease has lately been observed in America. It has been met with in New York, Cheektowago, and Marilla.

Nemo.—The works of Henry Lee and Acton.

ACUTE CHOROIDITIS.

To the Editor of THE LANCET.

SIR,—In reply to the queries of "Ignoramus" respecting my case of "Acute Choroiditis," I would say that my diagnosis of the case was formed, not solely from the *dull* cornea surrounded by a zone of vessels and turbid aqueous humour, but more especially from the great circumorbital pain, lachrymation, photophobia, and dilated sluggish iris, terminating in almost complete blindness. With these severe symptoms, the merely *dull*, not an *opaque*, cornea would not suffice to my mind to attribute the mischief to corneitis.

Thus judging, and having seen similar cases terminate most satisfactorily after Mr. Hancock's operation, I performed it in this case, and with most happy result. Resting on my diagnosis of the case, I should have deemed paracentesis of the cornea as simply useless.

Yours obediently,

St. Martin's-place, October, 1864. JOHN J. SEBOG, L.R.C.P.

Mr. William Pritchard, (East Retford.)—There can be very little doubt that the letters alluded to are paid for as advertisements in the various public journals. The mode of treatment suggested has, in our opinion, nothing to commend it. We shall probably in a short time revert to the subject more *in extenso*.

ARE THERE TWO MODES OF EFFECTING VISION IN THE EYE?

To the Editor of THE LANCET.

SIR,—Will you oblige me by inserting these remarks in your valuable pages, as discussion has sprung up on the subject at the *soirées* of the British Association in Bath with the attendants of the stalls of Messrs. Smith and Beck, Mr. Ladd, &c., under the following two descriptions of the phenomenon:—

1st. By the rays of light passing from an object and crossing each other at the pupil, and then proceeding in straight lines, as a mathematical ruler can demonstrate, to imprint their rays on the retina, whereby a perfect inverted object would be impressed on the retina.

2nd. The mathematical lines of rays of light passing to the circumference of the pupil and lens, and then passing back to the retina is *refracted form*.

These modes of demonstration of vision are palpable in every author's work. As the object is well depicted in the first, wherefore is the second required?

In illustration. Out of 1000 persons, probably 900 see perfectly without a glass or artificial assistance; but in the 100 some change of the humours has taken place, which requires aid to allow the inverted object to be represented on the retina. The alteration from decay or disease does not alter the necessity of the first position. It only requires artificial means to direct the rays before or just as they have entered the eye.

Having contemplated this question during many years, and having put it to six opticians, concurrence of being new is elicited, and that it merits ventilation. You will doubtless concur in aiding the inquiry.

I am, Sir, faithfully yours,

Bath, September, 1864. WILLIAM PARKER, M.R.C.S.

THE communication of *Mr. Charles J. Meller* "On East African Fever, encountered by Livingstone's Zambesi Expedition," shall be inserted next week.

DR. MARION SIMS ON UTERINE SURGERY.

To the Editor of THE LANCET.

SIR,—Dr. Marion Sims is acknowledged by all as one of the very highest authorities on the subject of his communication of last week; but, even on his dictum THE LANCET would not willingly propagate, uncontradicted, a palpable error. When he states that in opening the vagina in his uterine examination, it is, from the position of the patient, distended by the atmospheric pressure of 14 lbs. to the square inch, every student of natural philosophy will smile at the assertion as a simple absurdity. Yours obediently,

Weston-super-Mare, October, 1864. EDWARD MARTIN, M.R.C.S.

An Assistant-Surgeon (Ashby-de-la-Zouch) should consult the advertising columns of THE LANCET.

B.—It is too stupid for a joke.

THE BROTHERS DAVENPORT.

To the Editor of THE LANCET.

SIR,—Permit me to offer a brief remark or two on the "extraordinary manifestations" of the Brothers Davenport.

Would not the fact of the brothers having *false* arms and hands, in addition to their true ones, or perhaps one of them a false hand only, be sufficient to account for all the phenomena? And could not warmth and even pulsation be assimilated? No doubt a good deal of mechanical talent would be required to produce a useful *fac simile* upper extremity, and a great deal of ingenuity in applying and concealing it just at the proper time; but not more, I think, than is frequently displayed by professional conjurers. As the "brother on the right" can hardly assimilate violent action of the heart, I suppose him to be the manipulator; and courting, as the brothers profess to do, the "strictest investigation," let him undress entirely from the waist upwards the next time he performs.

I am, Sir, yours obediently,

Coxwold, October, 1864. JOSEPH SMITH.

An Enquirer.—Name the business, and an answer shall be given as to whether it is objectionable or not.

THE LICENCE IN MIDWIFERY.

To the Editor of THE LANCET.

SIR,—Your correspondent, "M.D., M.R.C.S.," may read his lecture to the Royal College of Surgeons of England alone, as the other two licensing bodies possessing the power of granting Midwifery diplomas do so only to gentlemen already holding a qualification in Medicine or Surgery. The King and Queen's College of Physicians require the possession on the part of the candidate of a licence in Medicine or Surgery, together with certificates of attendance on a Midwifery hospital and special lectures. The Royal College of Surgeons of Ireland examine those only who are already fellows or licentiates of the College, and, in addition, have studied Midwifery by lectures and at a special hospital. It would be well were the same excellent regulations adopted by the English corporation. I am, Sir, yours, &c.,

October, 1864. T. K.

VENEREAL ITCH.

To the Editor of THE LANCET.

SIR,—Observing in your late issues some remarks on "venereal itch," I beg to state that that term is applied by me to the irritation produced by the secondary eruption of papulæ. When papulæ are seated on certain parts of the body, they occasion an intolerable itching, which renders the patient's life miserable. These parts are principally the labia on their external surface, the orifice of the vagina, and the clitoris, which parts on examination will be found covered with small papulæ of a deep red colour. The eruption sometimes extends to the anus and the upper part of the thighs. I suggested the mercurial vapour-bath as a remedy for this affection in 1860.* The irritation is also frequently allayed by mercurial ointments or lotions, containing a weak solution of the bichloride of mercury.

I remain, Sir, yours obediently,

Birmingham, October, 1864. LANGSTON PARKER, F.R.C.S.

* Modern Treatment of Syphilis, &c., p. 211. Churchill and Sons.

Judex.—We have certainly met with the statement that the practice of opium-eating has a tendency to arrest commencing phthisis. Upon what ground this assertion is based we cannot say.

THE BRITISH PHARMACOPŒIA.

To the Editor of THE LANCET.

SIR,—I beg to call your attention to a rather important omission in the directions for making acidum phosphoricum dilutum (B. P.), in the hope that in the new edition it may be rectified.

After the evaporation to a syrupy consistence, the acid will be found to be almost invariably mixed with pyro- and even meta-phosphoric acids, which acids, however, can again be restored to phosphoric if the syrupy liquid be boiled for a short time in water. Your obedient servant,

Bath, October, 1864. CHARLES IKIN.

THE insertion of the following, amongst other contributions is unavoidably postponed:—Dr. Marion Sims on "Uterine Polypi;" Mr. Irvine on the "Action of the Extensor Minimi Digiti Muscle;" Dr. Munro on a "Case of Monstrous Birth;" Dr. Goodridge on the "Spread of Typhoid Fever in Hospitals;" and Mr. J. Moore on a "Case of Addison's Disease."

COMMUNICATIONS, LETTERS, &c., have been received from — Prof. Syme, Edinburgh; Mr. Langston Parker, Birmingham; Dr. Hargrave, Dublin; Dr. Chaplin, Jerusalem; Mr. Pitt, Newport; Dr. Macdonald; Mr. Baker, Wakefield; Mr. Mitchell (with enclosure); Dr. Garrett, Hastings (with enclosure); Mr. Richards (with enclosure); Dr. Goss; Mr. Evans; Mr. Reed; Dr. J. Clarke (with enclosure); Mr. Martin, Weston-super-Mare; Dr. Pigg, Manchester; Mr. E. H. Carter, Billericay; Mr. Thompson, Ashby; Mr. C. Ikin, Bath; Mr. J. Smith, Coxwold; Mr. Pritchard, East Retford; Mr. J. Moore; Mr. Leadman; Mr. Skinner (with enclosure); Mr. Lewis; Mr. W. B. Mathias; Mr. Hill; Mr. J. Fall, Tenerton; Dr. Roake, Cheltenham; Dr. Horner; Dr. Brookman (with enclosure); Mr. Weston; Dr. Paterson, Glasgow; Mr. J. Williams; Mr. Talley, Beaconsfield; Mr. Leach; Mr. J. H. Lambrick; Mr. R. B. Carter, Stroud; Mr. Tuckett, Clydach (with enclosure); Dr. Madge; Dr. Morson, Edinburgh; Mr. Collins, Wolverhampton (with enclosure); Dr. Sheen, Cardiff; Mr. Cooper, Reading; Dr. Bree; Mr. Belo (with enclosure); Mr. Hilton, Croston; Dr. Douglas, Chatham, Upper Canada; Mr. Skegg; Dr. Fotherby; Dr. Palfrey; The Secretary of St. John's Hospital for Skin Diseases; An Assistant-Surgeon; M.D.; B.; Amicus Justitiæ; An Enquirer; Medicus (with enclosure); Zeta, India; J.B.A. (with enclosure); Moderation, India; Cirujano; Toolespore; Nemo; Lenna; R. T. (with enclosure); Anthropological Society; T. K.; &c. &c.

THE *Solicitors' Journal*, the *Brighton Examiner*, the *Indian Daily News*, the *Montreal Herald*, the *Brighton Observer*, the *Montreal Daily Witness*, the *Brighton Herald*, the *Bombay Gazette*, the *Times of India*, the *Delhi Gazette*, and *Hiscoke's Richmond Notes* have been received.

Medical Diary of the Week.

MONDAY, OCT. 17.
- ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 1½ P.M.
- METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M.
- MEDICAL SOCIETY OF LONDON. — 8 P.M. General Introductory Address by the President.

TUESDAY, OCT. 18
- GUY'S HOSPITAL.—Operations, 1½ P.M.
- WESTMINSTER HOSPITAL.—Operations, 2 P.M.

WEDNESDAY, OCT. 19
- MIDDLESEX HOSPITAL.—Operations, 1 P.M.
- ST. MARY'S HOSPITAL.—Operations, 1 P.M.
- ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
- GREAT NORTHERN HOSPITAL, CALEDONIAN-ROAD. —Operations, 2 P.M.
- UNIVERSITY COLLEGE HOSPITAL. — Operations, 3 P.M.
- LONDON HOSPITAL.—Operations, 2 P.M.
- HUNTERIAN SOCIETY.—8 P.M. An open Meeting.
- JUNIOR MEDICAL SOCIETY OF LONDON.—8 P.M. Meeting at University College, Gower-street. Mr. C. E. Orme, "On the History and Nature of Wasting Palsy."

THURSDAY, OCT. 20
- ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
- CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M.
- LONDON SURGICAL HOME.—Operations, 3 P.M.
- WEST LONDON HOSPITAL.—Operations, 2 P.M.
- ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 3 P.M.
- HARVEIAN SOCIETY.—8 P.M. Mr. W. Adams, "On Forcible Extension in Cases of Partial Anchylosis or Stiff Joint."

FRIDAY, OCT. 21
- WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.
- WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON. — 8 P.M. Mr. G. Pollock (President), "On the relative Advantages of Puncturing the Bladder by the Rectum and Perineal Section for the Treatment of Impervious Stricture."

SATURDAY, OCT. 22
- ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
- ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
- KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
- ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
- CHARING-CROSS HOSPITAL.—Operations, 2 P.M.